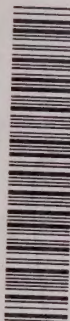


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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND  
RELATED MATTERS.

Hearing held  
8th floor  
180 Dundas Street West  
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence  
for

February 13, 1984

VOLUME 102

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN  
AND RELATED MATTERS.

Hearing held on the 8th Floor,  
180 Dundas Street West, Toronto,  
Ontario, on Monday, the 13th  
day of February, 1984.

- - - - -

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner

THOMAS MILLAR - Administrator/

MURRAY R. ELLIOT - Registrar

- - - - -

- - - - -

APPEARANCES:

P.S.A. LAMEK, Q.C.) Commission Counsel  
E. CRONK )

D. HUNT ) Counsel for the Attorney  
L. CECCHETTO) General and Solicitor General  
of Ontario (Crown Attorneys  
and Coroner's Office)

I.J. ROLAND) Counsel for The Hospital for  
M. THOMSON ) Sick Children  
R. BATTY )

B. PERCIVAL, Q.C.) Counsel for The Metropolitan  
D. YOUNG ) Toronto Police

W.N. ORTVED Counsel for numerous Doctors  
at The Hospital for Sick  
Children

F. KITELY Counsel for the Registered  
Nurses' Association of Ontario  
and 35 Registered Nurses at  
The Hospital for Sick Children







APPEARANCES: (Continued)

D. BROWN	Counsel for Susan Nelles - Nurse
E. FORSTER	Counsel for Phyllis Trayner - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)
J. SHINEHOFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai)

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EMT/ak

1  
2 ---Upon commencing at 10:00 a.m.

3 BERTHA BELL, Resumed

4 MS. KITELY: Good morning, sir.

5 THE COMMISSIONER: Yes, Miss Kitley.

6 When you are ready - Mr. Hunt may have  
7 something.

8 MR. HUNT: Yes, sir. I do have  
9 something to say if I might.

10 THE COMMISSIONER: Yes. All right.  
11 Just a second. I don't know whether this is --

12 MR. HUNT: Yes, there is some  
13 material that I gave to Mr. Millar to pass on to  
14 you, sir. It is a transcript of a radio interview  
15 that was done last Wednesday evening on the CBC  
16 that involves a representative of one of the parties  
17 with standing before you, sir, and it is with respect  
18 to the comments, some of the comments that were made  
19 during the course of that interview, that I would  
20 like to draw your attention and make some remarks.  
21 I have a copy here...

22 MS. KITELY: Thank you, Mr. Hunt.

23 MR. HUNT: And I have given copies  
24 to Commission Counsel.

25 Now it is with regret, sir, that I  
find myself in a position of having to draw this







1  
2 to your attention, but in my submission some of the  
3 conduct of some of the representatives of one of the  
4 parties with standing before you, and that is the  
5 Registered Nurses' Association of Ontario, in my  
6 respectful submission has been most improper and  
7 most irresponsible, and I want to draw that to your  
8 attention because in my submission you should know  
9 what the parties with standing before you are saying  
10 about this Commission and about the evidence when not  
11 in the hearing itself.

12 As you will see from this transcript,  
13 sir, it was an interview with a person by the name of  
14 Allie Lehmann of the Registered Nurses' Association  
15 of Ontario, that was on the CBC Radio show, the  
16 Four to Six Show last Wednesday evening at approxi-  
17 mately ten to six.

18 Now there are a number of comments  
19 made by Ms. Lehmann that I feel I should draw to  
20 your attention, sir, because some of them certainly  
21 are suggestive of the nature and the type of hearing  
22 that you are conducting, as well as comments made  
23 with respect to some of the counsel present and  
24 the way they are conducting themselves and comments  
25 with respect to the evidence itself.

If I could draw your attention first





1  
2 of all, sir, to the opening paragraph on page 1,  
3 Ms. Lehmann was being interviewed by Mr. Paul Soles,  
4 the host on that show I believe, and in the opening  
5 paragraph, in introducing Ms. Lehmann, Mr. Soles,  
6 and if I could just read to you, sir, the portion  
7 that I wish you to take note of, said as follows:

8 "Nurses who worked at Toronto's  
9 Hospital for Sick Children when 36  
10 babies died are now testifying at  
11 the Grange Commission. Lawyers for  
12 the Attorney General's Office and  
13 Metro Police have quizzed former team  
14 leader Bertha Bell.

15 She testified that she saw another  
16 nurse injecting a drug into a baby  
17 less than three hours before the  
18 baby died, but Allie Lehmann of the  
19 Registered Nurses' Association of  
20 Ontario says the nurses are being  
21 unfairly portrayed as unco-  
22 operative.

23 She says that nurses are having to  
24 take the rap for bungling by the  
25 Police and the Attorney General's  
office.







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2

Allie Lehmann joins us in the studio  
now. Good evening, Miss Lehmann.

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MISS LEHMANN: Hi, Paul.

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MR. SOLES: Why is it you feel that  
nurses aren't being given a fair  
hearing at the Grange Commission?

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MISS LEHMANN: Well, I think it is  
quite evident from the kind of  
examination that went on today that  
lawyers for the Attorney General  
and the police are trying to blame  
nurses for their own inept investiga-  
tion. And rather than look at a lot  
of other Hospital personnel that may  
have been associated with the infant  
deaths, it's only nurses that are  
taking the rap and they are being  
grilled very comprehensively."

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Now firstly, sir, in my submission  
for a representative of a party with standing before  
you to be taking to the public media to make allega-  
tions of bungling by the police and the Attorney  
General's Office and an inept investigation are  
most improper and unprofessional.

24

25

It may well be that my clients,







1  
2 Mr. Magee and Mr. Wiley, or the clients of  
3 Mr. Percival and Mr. Young would love to take to the  
4 media after each piece of evidence goes in and  
5 make their comments about the nature of the  
6 unco-operative attitudes they were met with and  
7 characterize it as they might, but in my submission  
8 they are too professional for that, and they are  
9 taking the proper course of waiting until it is  
10 their opportunity to give evidence here before  
expressing their comments on it.

11 Secondly, sir, the suggestion that  
12 the nurses aren't being given a fair hearing at the  
13 Grange Commission in my respectful submission is a  
14 very direct allegation at you, sir, that you are  
15 not conducting these proceedings in a manner that  
16 is fairly giving all parties an opportunity to be  
17 heard. And in my submission that is a most unfair  
18 and cowardly way to go about directing any kind of  
criticism at you.

19 This Nurses' Association has counsel  
20 here in the person of Miss Kitley, and anything  
21 that they wish to say with respect to the nature of  
22 the hearing that has been given to their party in  
23 my submission should be given to you through their  
24 counsel and not in the public media.  
25





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2  
3 Now secondly, sir, skipping over  
4 some of the material here and on to the second  
5 page, the question by Mr. Soles beginning:

6 "What do you think you can do about it?"  
7 (That is referring to the nature of the questioning  
8 that is going on at the Commission.)

9 "How can you ask the lawyers to or  
10 can you ask the Chair to restrain  
11 the temper and tenor of the  
12 questions?"

13 MISS LEHMANN: Well, I don't know  
14 that we can do much about it. Out  
15 lawyers certainly object when, for  
16 instance, when Barry Percival fires  
17 rapid fire questions three in a row  
18 without the witness being able to  
19 answer one. She does object to that.  
20 But what I really object to and what  
21 other nurses today in the gallery  
22 today objected to is that they're  
23 trying to portray Ms. Bell as not  
24 being a co-operative witness and  
25 this came about with Douglas Hunt's  
testimony. That in fact because her  
memory of what happened three years







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"ago and sometimes four ago did not necessarily jive with what happened now. She was made to look as though she had been obstructing the police investigation. And that's patently false. Nurses were doing the best that they could to help the police. But the circumstances during the investigation need to be brought out. And the thing is that nurses were frightened. They were stressed. They were treated quite shabbily and they did not have any legal counsel during the preliminary or during the police investigation. That's a very critical point.

Now I was just saying that often during the investigation a police said, was said today, that police came up to the ward to try to get Bertha Bell to go to an interview with them and she said I can't leave the ward, there's nobody to relieve me. Who's going to take care of the babies. You know they have no concept that





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4 "nurses were dealing on a minute to  
5 minute basis with the babies in  
6 their care and they were trying to  
7 give the best care that they could."

8 y-

9 Now, sir, in my submission it is  
10 patently clear that Ms. Lehmann, in addition to  
11 making her comments with respect to the nature of  
12 the proceedings has in this exchange with the inter-  
13 viewer given evidence in addition to commenting on  
14 the evidence that we are hearing, that was given  
15 here, and in my submission the place to give you  
16 relevant evidence is to you during the course of  
17 these Commission hearings.

18 Now I invite Miss Lehmann who is here  
19 today if she has relevant evidence to give to make  
20 it known right now that she wishes to be interviewed  
21 by Commission Counsel in order that she can come  
22 forward to give that evidence.

23 By the lack of response from Miss  
24 Lehmann, Mr. Commissioner, I suggest that it is clear  
25 that Miss Lehmann has no relevant evidence to give  
you, and in my submission for her to be taking to







1  
2 the media again to give evidence from whatever source  
3 she has it is most improper and most irresponsible  
4 on the part of a party that has standing before you  
5 at this Commission.

6 Now continuing on, sir, at the  
7 bottom of that page, a question by Mr. Soles:

8 "As I hear you speaking one wonders  
9 if indeed the Chair or your counsel  
10 might attempt to make what you've  
11 just said clear to the Commission  
12 rather than letting it sit as a  
13 grilling or leaving the impression  
14 of unco-operation.

15 MISS ~~LEHMAN~~: Well, I think that  
16 our counsel does get a chance during  
17 cross-examination, but our counsel  
18 won't be cross-examining until  
19 tomorrow, and that leaves two days of  
20 an impression in the public's mind  
21 that nurses were possibly being  
22 unco-operative. And I want to say  
23 that I think that nurses are sacrificial  
24 lambs in this entire process."

25 Sir, in my submission that comment is a  
rather thinly veiled suggestion that the manner in





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which this Commission is being conducted by you is  
such as to make these nurses sacrificial lambs and  
leaves a very clear impression with the public that  
this Inquiry is being conducted in a way that is not  
giving one of the parties before it a fair hearing.

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Well I again suggest, sir, that clearly is not the case and that to make that suggestion in the media is most irresponsible.

Now, over the top of the next page, sir, and I draw this to your attention because it is my submission that the next item is an example of just plain rudeness to this Commission and to the other parties and the counsel that are in attendance here. Mr. Soles said:

"I understand the Registered Nursing Association of Ontario have decided to appeal the Commission ruling as to names; can you tell me why?

"MS. LEHMANN: Well, we made that decision about an hour ago and we had certainly been thinking about it because it is a very important point. Should the Commissioner be able to name names and perhaps ruin somebody through this. You see this inquiry is not a court of law, someone could be branded as a killer on the basis of circumstantial evidence and only circumstantial evidence. And we have to question whether or not that will





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"preclude one's chances of obtaining  
a fair trial if this ever does come  
to trial."

Now sir, first of all these comments  
were made on Wednesday evening last at approximately  
ten to six, and as at that time no notice of any  
application for leave to appeal had been on file with  
the Court of Appeal on behalf of the Registered Nurses  
Association of Ontario. I understand in checking  
with that Court this morning that was not done until  
Friday of last week.

In my submission to again go to the  
media to inform the media and the public as to what  
they are intending to do with respect to your ruling,  
sir, without giving any notice to any of the parties  
present here, or to their counsel, or presumably to  
you, sir, is just plain rude, and in my submission it  
suggests strongly to me that counsel on behalf of the  
Nurses Association has completely lost control of  
what her clients are doing with respect to this matter.  
In my submission that fact alone really dictates an  
apology to you, sir, as well as to the rest of the  
parties present here.

Now, continuing on at the bottom of  
that page, Mr. Soles asks Ms. Lehmann:







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"MR. SOLES: Miss Lehmann, what is your expectation about the style and toughness of questioning as the Commission hearings go on?

"MS. LEHMANN: I think we can expect that nurses are going to be grilled from hereon in. The place is packed with nurses, press, and that is going to continue as well. There are a lot of lawyers who want to show the press in fact and the media, they want to make a good show for the media. I find that offensive myself, but I don't know if there is anything we can do about that. You see, it is a public inquiry and we welcome the media being present but we want them to report responsibly and accurately and in context, that is probably the most important thing.

"MR. SOLES: Is the tactic of your own counsel then to give in kind when they get a chance?

"MS. LEHMANN: Well, yes. I mean, I don't think that they act the same way





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"as for instance the lawyers for the Attorney General and the Police have acted, but our counsel is acting responsibly."

Now, sir, it is quite clear that Ms. Lehmann on behalf of the Registered Nurses Association of Ontario is there imputing bad motives to counsel who are appearing at this proceeding, putting on a show for the media. She has suggested, again in a very thinly veiled way that myself and Mr. Percival on behalf of the Police are acting in a way that is irresponsible, while her own counsel is responsible, and quite frankly, sir, I and I am sure Mr. Percival are thick-skinned and we can look after ourselves with respect to this matter.

In my submission again this kind of conduct by a representative of the party that is standing before you is irresponsible, unprofessional and most improper. In light of this, sir, I suggest, and I know you don't see what is happening here, but I invite the members of this organization to consider whether or not their representatives here are really doing them an injustice by carrying on in this fashion. It seems to me that certain representatives of this organization are more interested, or most interested







B.5

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2 in getting themselves and their comments in the media  
3 whether it be the television, or the radio, or the  
4 press, and in doing so they have no regard for the  
5 propriety of what they are saying, or who they  
6 offend in doing so.

7 I regret having to bring this to your  
8 attention, sir. I felt, however, that in view of the  
9 nature of some of the comments that are clearly  
10 suggestive of the manner, of the improper manner in  
11 which you are carrying on these proceedings that you  
12 should be made aware of them.

13 THE COMMISSIONER: Thank you. Miss  
14 Kitley, do you wish to reply to that?

15 MS. KITLEY: Yes, sir. Before I do,  
16 sir, could Mrs. Bell please step off the stand while  
17 we are doing this?

18 THE COMMISSIONER: Yes, of course, I  
19 am sorry, certainly that is a case of impression.

20 --- [Witness withdraws]

21 MS. KITLEY: Might I say, first of all  
22 sir, that in my submission the only point that has any  
23 merit to my friend's submissions is found on page 3,  
24 and it is with respect to Ms. Lehmann referring to  
25 the decision of bringing an application for leave to  
appeal.





B.6

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2 I agree with my friend's comments  
3 that you ought to have heard that first, and in fact  
4 on Saturday - rather on Thursday of last week in a  
5 private conversation with you I had already conveyed  
6 the apologies both of myself and my firm and the RNAO  
7 for having that information communicated to you in  
8 that fashion.

9 THE COMMISSIONER: Well, you don't  
10 think it suggests improprieties on the part of counsel  
11 through your client and the press, you think it is  
12 proper, do you think you are entitled to do that?

13 MS. KITELY: In my submission it is  
14 not something for you, sir, to deal with. Ms. Lehmann  
15 is entitled to make statements, as is Mr. Hunt, as  
16 is Mr. Percival, sir. It is not as if, sir, we are  
17 before a court of law and a trial judge. If you will  
18 recall it was Ms. Symes who initially questioned the  
19 media coverage, and in fact I gather from reading the  
20 transcript that my friend's position --

21 THE COMMISSIONER: There is nothing  
22 wrong with that, please, it is quite different. The  
23 media are here, they are entitled to hear the evidence  
24 and they are entitled to report it, and they are  
25 entitled within limits to report it any way they like.  
What Mr. Hunt is objecting to is the fact that your







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client, I don't know whether your client sought out the media or the media sought her out, it doesn't make any difference, but she made statements about the conduct of the Commission and about the conduct of counsel that I would like to think you would not dream of making yourself.

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MS. KITELY: I don't know that's the issue, sir.

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THE COMMISSIONER: It is the issue as I see it, I don't understand. I am always, this happens when you get old, you start talking like a "Dutch Uncle". I had clients like that and I had a simple answer for them, I said, you say one word to the press and I won't act for you any more. That is what you have to do with these clients, because obviously you can't control them, you can't control them when they speak to the press, they are going to say that, they feel strongly about it and they will still do it.

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MS. KITELY: Mr. Commissioner, I appreciate your "Dutch Uncle" advice. In my submission Ms. Lehmann is entitled to make certain statements, and the fashion in which Mr. Hunt brought this before you is inappropriate. For one thing, sir, we have had Mrs. Bell on the witness stand for four days and we are here today to finish her evidence and





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be done with it. This ought to be something, if my friend does bring it up, it ought to be brought up in quite different circumstances. I would ask that you in fact reserve consideration of it. I have conveyed my apology for the one thing and I think it is a difficulty and the balance of it ought to be reserved in order I can speak with my client. My friend gave me this copy of the transcript as you got yours.

THE COMMISSIONER: Yes.

MS. KITELY: And I asked him before the hearing started whether he would provide me with one because I gathered a few moments before you came in that my friend was going to make this submission and he declined to give it to me, so I am reading it as you are reading it, sir. I think to be fair it would be appropriate to allow me the opportunity to speak with my client.







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THE COMMISSIONER: No question about that, no question that you should be allowed that and you will have all the opportunity. I just want to say that my immediate reaction, for what it's worth, is that --

MS. KITELY: It is always worth something, sir.

THE COMMISSIONER: Well, my immediate reaction is that you should suggest to Ms. Lehmann that she has had her last interview with the press or any form of media until this hearing is finished because, clearly, she can't control herself.

MS. KITELY: Well, Mr. Commissioner --

THE COMMISSIONER: And if she is going to say this sort of thing - she is not a lawyer and I would like to think that if you were giving that, those statements would not be so strong, you would not say that the Commission is not giving a fair hearing, even if you think so it is not a wise thing to do and I suggest that it just shouldn't be done, it shouldn't be done by your clients and you have to control them. You are the only person really that I look to. I don't look to her, I look to you and to your partners.





1  
2 MS. KITELY: I appreciate that,  
3 sir.

4 THE COMMISSIONER: And to tell  
5 them the way you conduct judicial procedures. You  
6 say it is not a court of law, well, I am a fellow  
7 trained in law and I intend to conduct it as much  
8 like a court of law as I can and that means of  
9 course that we have to conduct the proceedings with  
10 some kind of dignity and with some kind of propriety  
11 and some kind of respect for the other parties who  
12 are involved.

13 MS. KITELY: I agree, sir, but  
14 there is one thing that you may not be aware of and  
15 I certainly am not giving any evidence in this  
16 respect. But after you leave the hearing room there  
17 are either cameras or reporters who are, shall I  
18 say, jockeying for a position for various statements.  
19 Sometimes they get statements and sometimes they  
20 don't. There is a whole world going on in this  
21 hearing room after you're gone and in my submission  
22 it is unfair and inappropriate for you to judge  
23 just the RNAO and just Allie Lehmann on the basis of  
24 one single transcript. If we are going to get into  
25 this whole issue, sir, we can get transcripts of  
everything that everybody said to the media since





1  
2 this hearing commenced.

3 THE COMMISSIONER: No, I don't  
4 want to do that at all. But I would like you to  
5 think about it, and I don't want you to answer it  
6 now, but I would like you to think about it, think  
7 about some of the things that your client has said  
8 and think about whether you shouldn't speak to your  
9 clients, tell your clients that this has got to  
10 stop. The same thing goes if any of Mr. Hunt's  
11 clients start giving interviews to the press and  
12 saying that the Nurses' Association are not behaving  
13 as they should, I would feel exactly the same way  
14 about them. That isn't the way you conduct a  
15 hearing, if you want to conduct a hearing - you are  
16 a lawyer and you are going to be a lawyer for the  
17 rest of your life and therefore you want to conduct  
18 yourself like a lawyer and the way you conduct  
19 yourself like a lawyer is to say what you have to  
20 say and say it in court, say it openly.

21 Now, if I were conducting some kind  
22 of a Star Chamber where everything was done in  
23 camera, then perhaps I could understand some  
24 complaint but you are here, everybody is here, they  
25 have an opportunity to observe, if they don't like  
what is going on you're their counsel, you should







1  
2 say it here, you shouldn't go and say it to the press.

3 MS. KITELY: Mr. Commissioner, my  
4 position at the moment is that I agree with Mr. Hunt  
5 on the one point of the Notice of Appeal and I  
6 would like an opportunity to review the balance of  
7 the transcript before commenting.

8 THE COMMISSIONER: All right. Well,  
9 I will leave it at that. I have given my advice to  
10 you, I doubt if it is likely to change, but if you  
11 want to say something --

12 MS. KITELY: Your advice or my  
13 reception of it, sir?

14 THE COMMISSIONER: Well, I'm not  
15 sure whether I don't mean both. At any rate, let's  
16 get on with it now and let poor Mrs. Bell let the  
17 gruelling stop.

18 MS. KITELY: Thank you, sir.

19 THE COMMISSIONER: All right, thank  
20 you.

21 MS. KITELY: Mrs. Bell.

22 BERTHA BELL, Resumed

23 MR. OLAH: Mr. Commissioner, I am  
24 pleased to tell you, sir, that I have no questions  
25 of this witness.

THE COMMISSIONER: Oh, yes, yes.





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2  
3 Well, I think we sort of assumed that by your absence  
4 on Thursday.

5 MR. OLAH: I just thought that I  
6 would bring it to your attention.

7 THE COMMISSIONER: Yes, all right.  
8 Yes, Miss Kitley.

9 MS. KITLEY: Thank you, sir.

10 RE-EXAMINATION BY MS. KITLEY:

11 Q. When you were asked questions  
12 last week, Mrs. Bell, one of the topics was with  
13 respect to mercy killing. I want to deal with  
14 perhaps a related topic, that of 'do not resuscitate'  
15 orders. Are you familiar with such orders?

16 A. I have seen 'do not resuscitate'  
17 orders written on a number of charts of children  
18 that I have looked after and basically it is to make  
19 the patient as comfortable as possible, that there  
20 are no more active treatment that can be rendered.  
21 So, basically it is to make the patient as comfort-  
22 able as they can be.

23 Q. And am I correct that when  
24 the decision is made to put 'do not resuscitate'  
25 on a chart that the decision is made between the  
26 parents and the doctor?

27 A. It is a discussion between







1  
2 parents and the doctor. The nurses, at least  
3 that I know of, have been rarely involved. The order  
4 is written and the nurse is made aware of it and  
5 the nurse deals with it.

6 Q. So, while the nurse isn't  
7 involved in the decision making process, it is  
8 usually she at the bedside who has to carry out the  
9 decision?

10 A. Well, she is directly at the  
11 bedside, yes.

12 Q. And did I understand from your  
13 evidence that you experienced the effects of 'do not  
14 resuscitate' orders on three occasions during the  
15 nine months that we are dealing with, that of  
16 Babies Shrum, Perreault and Paul Murphy?

17 A. Yes.

18 Q. And were you at the bedside  
19 or at least in the room when each of these children  
20 were dying?

21 A. I was with Paul Murphy and  
22 Perreault.

23 Q. And with Perreault?

24 A. Yes.

25 Q. And do you know who was with  
Shrum when that baby died?





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A. I can't think who was with him.

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Q. Can you help us with what kind of a situation that puts you in, by you I mean nursing staff when a 'do not resuscitate' order is in effect?

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A. Basically you are at the bedside and you are with the patient and depending on the age of the patient - in the case of Perreault it was a matter of holding the child, who was an infant, and just speaking to the child or making the child as comfortable as possible, rocking him, whatever; and in the case of Paul Murphy it was just basically holding his hand and speaking to him as well, administering him oxygen and making him comfortable.

15

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Q. And when there was an occasion in which a child such as these three was allowed to die without intervention, would that result in some discussion between you and your colleagues?

19

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A. Well, it is a difficult situation to not actively treat somebody who was dying and it is sort of - well, it is a difficult situation to deal with them and you are trying to make the person as comfortable as possible and, on the other hand, you don't want to see them go. I guess in a lot of cases you would know the patient





1  
2 for awhile or else you would get to know the parents  
3 anyways. It is difficult for the parents as well.

4 Q. In this situation would you  
5 and your colleagues talk about the fact that the  
6 child is being allowed to die?

7 A. Yes, we would.

8 Q. And was there any discussion  
9 around it as it related to mercy killing; in other  
10 words, were the two part of one discussion?

11 A. I guess it would come into the  
12 discussion but it would be a matter of dealing with  
13 the 'do not resuscitate', discussing that and having  
14 to make the parents feel comfortable with that  
15 decision as well.

16 Q. Were the parents always there  
17 when this was happening?

18 A. Not necessarily when the  
19 patient was dying.

20 Q. Were they there when Paul  
21 Murphy had died?

22 A. They had just left. They had  
23 just sort of spoken to them and they had just left  
24 and they felt very badly, they did want to be with  
25 him but they weren't.

Q. Do you remember whether the







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parents were there when the Perreault baby died?

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A. No, they weren't.

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Q. I want to deal with a piece

of evidence that was put to you in your cross-

examination. The evidence is found at Volume 5 of

the preliminary at page 994. It is Phyllis Trayner's

evidence. There was a discussion about 7:15 on

Friday, March the 20th, and that is 7:15 p.m.?

A. Right.

Q. Do you remember that? Do you

remember the evidence having been read to you ~~is~~

the question?

A. Yes, yes.

Q. Can you help us whether if

you had just gotten on shift at about that time,

whether you would have been taking report at 7:15?

A. Well, we did take report at

7:15 or else we could have been counting narcotics

as well. There are a number of things that have to

be done at that time.

Q. And there was a suggestion made

to you that at report on that occasion the topic of

the Pacsai inquest would have been brought up. Do

you remember that suggestion having been made to you?

A. Right, yes.





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Q. And is report used for  
reporting of that kind of information or simply  
clinical conditions?

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A. It is the conditions of the patients on the floor or-at the time, or discussing what has to be done that evening for the next day, to that effect.

Q. And if the inquest had been organized, is that something that you would have expected to hear at report?

A. Not at report, no.

Q. Now we have heard some evidence about the disagreement, for lack of a better term, with respect to calling a Code 25.

A. Yes.

Q. Do you recall giving evidence about that?

A. Yes.

Q. And this is with respect to Phyllis Trayner calling more quickly than you personally thought was appropriate.

Do you recall that evidence?

A. Yes. Well, I believe it was in - a few of us or myself felt that the 25 was called perhaps a little bit too quickly as far as not giving yourself enough time again for assessment. It only takes about 5 or 10 seconds to assess with no detriment to the patient at all.





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Q Am I correct that that problem,  
as you will, came to your attention in August of 1980?

A Yes.

Q And you remember being examined  
by Mr. Shanahan the other day and he took you through  
Exhibit 335 which is the WIN sheets?

A Yes.

Q And he had you agree with him  
as to when Phyllis Trayner was off duty. And do you  
recall he suggested to you that she was off from  
August 28th until September 24th?

A That is right.

Q So is it unlikely that you would  
have brought up this issue during the time that she  
was away?

A Well, there was - we didn't or  
at least I didn't speak to her directly in August.  
There was the matter of the arrests, the stress of  
the arrests and our own dealing with it because I  
hadn't been involved with that many myself, and  
whether I dealt with it in a good manner or whether  
Phyllis was, you know, in my mind at that time  
debatable.

She was also under stress. She was  
in preparation for being away in August as well.





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Q She was preparing for the wedding did you say?

A Yes, she was getting married in September. So there was a lot of things that came into play why I didn't mention it to her. I thought, well, you know, sort of to give her a chance and give myself a chance, and if it continued I would discuss it either with her or with Mary and I did discuss it with Mary.

Q That was in October at your evaluation?

A Yes, at the end of October.

Q Now you have given some evidence, Mrs. Bell, about nurses who might administer medication but not sign for it. Do you recall that evidence?

A Right. In the case of well, it shouldn't happen but it has happened.

Q And with respect to the Miller child where you gave evidence that you saw Phyllis Trayner administer a medication and yet the chart doesn't indicate a signing off by Trayner but indicates a signing off by Susan Nelles, is that what could have happened?

A Well, the night that Allana







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Miller had arrested, Justin Cook was being admitted by Susan, so she could have signed for the medication perhaps beforehand and then Phyllis administer it.

Q. What do you mean sign it beforehand?

A. Perhaps when she had gone to the charts because the charts were kept at the desk and --

Q. Is it sometimes the case that a nurse would chart before actually giving the medication?

A. She could.

THE COMMISSIONER: That strikes me as even worse. You mean that she might sign before it had been administered?

THE WITNESS: She could.

THE COMMISSIONER: And then not administer it herself?

THE WITNESS: She could.

THE COMMISSIONER: Well, I know she could, one could, but surely it is not recommended?

THE WITNESS: No.

THE COMMISSIONER: I mean would it not be a disciplinary offence? Because how is any other nurse who presumably might have to take over





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or something like that, how is she to know? She would say there is the medicine that has been administered and it hasn't.

THE WITNESS: Unless she told her by word of mouth she wouldn't know.

THE COMMISSIONER: Well, have you ever done that yourself?

THE WITNESS: No.

THE COMMISSIONER: Do you know of any instance of anyone having done it, actually having done it? That is having signed before the administration and then have it administered by someone else?

THE WITNESS: Well, you could draw the medication yourself.

THE COMMISSIONER: Yes.

THE WITNESS: And then sign for it.

THE COMMISSIONER: Sign for it, you mean sign in the book?

THE WITNESS: Right. Sign in the chart.

THE COMMISSIONER: Yes.

THE WITNESS: That it is being given, and then something comes up and somebody else give --

THE COMMISSIONER: Well, I am sorry, I had understood that these keeping records were after







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the event, but they are sometimes before the event;

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is that correct?

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THE WITNESS: They could be.

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THE COMMISSIONER: They sign them  
before they administer?

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THE WITNESS: I have seen it done.

7

THE COMMISSIONER: Have you ever done  
it yourself?

9

THE WITNESS: No.

10

THE COMMISSIONER: Is it something  
that you would allow to happen in your own team?

11

12

THE WITNESS: It is not a good idea  
for the reason you just said.

13

THE COMMISSIONER: Yes. All right.

14

MS. KITLEY: You just saved me about  
half a dozen questions, sir.

15

16

THE COMMISSIONER: Yes. Well, I used  
up at least half a dozen.

17

18

MS. KITLEY: Q. Now a related matter,  
as team leader would you expect to administer  
medications for more than just your own patient or  
patients on the ward?

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A. Well, you would administer  
medications if somebody got busy with something or  
you administer medications for the RNA on your team,

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or depending on the circumstances or what was happening.

Q. But am I correct in a given shift if you had one of your own patients yourself, you might and probably would administer meds to that patient?

A. Yes.

Q. You might and probably would administer medications for an RN who was perhaps on her break?

A. Yes, you would.

Q. And you would administer medications for an RNA?

A. Yes. Definitely.

Q. So dealing just with yourself it would be a usual event for you to be seen administering medications throughout your shift?

A. Yes, it would.

Q. And therefore if you saw a parallel team leader such as Phyllis Trayner administering medications during her shift would you think anything of it?

A. No. She would be doing the same thing that I might be doing.

Q. Mr. Percival in his examination





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of you asked you whether you were conscious of the number of deaths that had occurred and if you remember he went day by day and kept adding to the total. Do you remember that questioning?

A. Yes, I do.

Q. And he was interested to know whether you were aware that there had been so many deaths in so many days, and I think you indicated that you were not conscious of the number.

Have I stated your evidence correctly?

A. Well, there is no record or statistics kept on the ward of that sort of thing. You would be aware of it because you either heard about it or you were actually involved so you would know just from being present and you would be conscious that there would be an increased number.

As far as numbers, I wouldn't have the numbers at my fingertip.

Q. Well, aside from the comment that Mr. Percival put to you and Mr. Brown pursued about six out of seven ain't bad, aside from that, was there any feeling among the nurses that you were aware of that they kept track on a daily basis, this is No. 1 and this is No. 2?

A. No, no.







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Q. And given that there were several in that last period of time that Mr. Percival put to you, can you give us any understanding as to why those numbers wouldn't have been important to you?

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A. Well, as I say, I wouldn't have the numbers at my fingertips. The numbers that you are referring to, the comment, I don't even - I think they were just arbitrarily picked as an illustration of frustration on her part.

10

11

12

13

Q. But did you see it as part of your role, either as an RN or team leader, to keep track of the number of deaths that occurred on your ward? And by that I mean statistically keep track?

14

15

A. No, I wouldn't.

16

17

18

Q. Did you see that it was somebody's job?

A. I don't think it was anybody's job on the ward. I don't believe it was the head nurse's job or ...

19

20

21

MS. KITLEY: Now, Mr. Commissioner, I would like to deal with several pieces of evidence and I would like to take Mrs. Bell through them.

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25

I wonder, Mr. Registrar, if we might see from the preliminary, Volume 1 of the exhibits from the preliminary which is Exhibit --





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THE COMMISSIONER: That is Exhibit 32A,

3

is it?

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MS. KITELY: 2A, sir. Could the

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witness have one also, sir?

6

Ms. Cronk is going to help me with

7

the originals.

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THE COMMISSIONER: Yes, all right.

9

MS. KITELY: Mr. Registrar, to trouble

10

you further, could we have Exhibit 115 and 116?

11

THE COMMISSIONER: What are they?

12

MS. KITELY: The charts, sir. Cook

and Miller.

13

THE COMMISSIONER: Oh, yes.

14

MS. KITELY: Q. Now what I would like

15

you to do, Mrs. Bell, is open the assignment book to  
March 20th.

16

THE COMMISSIONER: This is tab?

17

MS. KITELY: 13, sir.

18

THE COMMISSIONER: At what page?

19

MS. KITELY: 177, sir.

20

THE WITNESS: Yes, I have it.

21

MS. KITELY: Q. All right. I want

22

you to do a little juggling act here. Would you also  
open the Miller chart, Exhibit 115 at page 35.

23

24

25





E/DM/ak

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A. 35.

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Q. Yes, 35 being the flow sheet.

4

A. I have it.

5

Q. And would you keep your eye

6

on page 38 being the medication and treatment record.

7

A. Yes, I have it.

8

Q. Now, on the third hand

9

would you use Exhibit 116, and would you turn to  
page 65.

10

THE COMMISSIONER: 116, page 65?

11

MS. KITLEY: The Cook chart, sir,

12

page 65 being the flow sheet.

13

THE WITNESS: I have it.

14

MS. KITLEY: Q. Am I sorry to

15

keep you with three things in front of you but I

16

am going to be using each of those, not exactly

17

simultaneously but closely.

18

If we can start with the assignment

19

book, page 177, would you agree that the shifts

20

commenced at 7:00 p.m. on March the 20th?

21

A. 7:15.

22

Q. Yes, do you agree?

23

A. Yes.

24

Q. And that at the commencement

25

of the shift Miss Nelles had one child in 423, being







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2

Miller, two in 418.

3

A. That's right.

4

Q. And it says on the marginal

5

note that she had two in 418 until 2300 only?

6

A. That's right.

7

Q. So that means from 2300 hours

8

she stopped having the two in 418?

9

A. Right.

10

MS. CRONK: Excuse me, sir, I am  
sorry to interrupt my friend. In fairness, and I'm  
sure Miss Kitely perhaps has not seen this, if you  
look at the original entries on this book there is  
an arrow from until 2300 the child Bilodeau, it  
appears that after 11 o'clock Miss Nelles had one  
child in Room 418.

11

12

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THE COMMISSIONER: Yes, Bilodeau,  
do you agree with that?

17

18

MS. KITELY: I was just going to  
look at the original, sir, I think my friend is  
correct now that she has mentioned it.

19

20

Q. Mrs. Bell, if you could look

21

at the original, page 177 and in pencil there

22

appears to be an arrow which would indicate that

23

Miss Nelles had the child Bilodeau until 2300 only.

24

A. Right.

25





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Q. And it would appear that after  
2300 she had Miller in 423 and Adamo in 418.

4

A. Right.

5

6

7

Q. So when the shift started  
she has got the three children only and I would like  
you to take that premise with me; is that correct,  
Mrs. Bell?

8

A. Yes, she does.

9

10

11

12

Q. She then reduces by one child  
at 2300 hours, but that is at the time when Justin  
Cook is admitted. I will ask you to look at Exhibit  
116.

13

A. Right.

14

15

16

Q. Which is the Cook chart, and  
page 5 of that is the Hospital for Sick Children's  
admitting and discharge sheet?

17

A. Right.

18

THE COMMISSIONER: I am sorry?

19

MS. KITLEY: Page 5.

20

THE COMMISSIONER: Page 5?

21

MS. KITLEY: Page 5 of 116.

22

THE COMMISSIONER: He comes in at  
2300, does he?

23

MS. KITLEY: Right.

24

25

Q. At the top then, Mrs. Bell,





1  
2 it says 2300 hours was when he came into the Hospital,  
3 is that correct?

4 A. Right.

5 Q. And it was after he was  
6 admitted and came to the floor that Susan Nelles  
7 then took charge of Justin Cook?

8 A. That's right.

9 Q. And it was at that time that  
10 she dropped off the Bilodeau child and picked up  
11 the Cook child?

12 A. That's right.

13 Q. But until 2300 hours she had  
14 the three children to care for.

15 A. That's right.

16 Q. None of them on constant care?

17 A. That's right.

18 Q. Now, looking at the Cook chart  
19 which is Exhibit 116, if you will look at the flow  
20 sheet at page 65, it would appear that Cook's vital  
21 signs were taken the very first entry March 20th  
22 at 2300 hours, is that correct?

23 A. That's right.

24 Q. And the next time they were  
25 taken was March 21st at 0030, or 12:30 in the morning?

A. That's right.







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Q. And are you able to tell us whether those two entries are in Susan Nelles' handwriting?

5

6

A. They look the same, I would assume they are but I can't say for sure.

7

8

THE COMMISSIONER: One doesn't sign anywhere to tell you.

9

10

11

MS. KITLEY: Q. You are confident at any rate, Mrs. Bell, that it was Miss Nelles who took the vitals on Justin when he came up to the ward?

12

13

A. Yes.

14

Q. Now can you juggle over to Exhibit 115 which is the Miller chart.

15

16

17

THE COMMISSIONER: I am sorry, I had better get this so we can see where we are going and I had better get it down; vital signs at 2300 and --

18

19

MS. KITLEY: And 0030.

20

THE COMMISSIONER: Yes, all right. This is Cook, and now Miller?

21

22

23

MS. KITLEY: And we go back to Miller, sir, Exhibit 115, would you go to page 38 which is the medication and treatment record?

24

25

THE WITNESS: Right.





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MS. KITLEY: Q. And would you look at the second entry, ampicillin, the drug was ordered on the 19th and it would appear under the column the 20th that it was administered by Susan Nelles at 2300 hours, am I correct?

7

A. That's right.

8

9

Q. And so close to the time that she was taking the vitals on Cook she was administering ampicillin to Miller?

10

A. Right.

11

12

Q. Now, I want you to go to page 35 of the Miller chart.

13

A. I have it.

14

15

16

17

Q. And 36, being the flow sheets, and before you look at this Mrs. Bell, can you tell me on the occasions when you were in the Miller room and you indicated that you took a pulse, do you have a recollection of whether you recorded it?

18

19

A. I don't know if I recorded each one but I did record at least one.

20

21

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Q. Now, let's look at the bottom of page 35, and could I direct your attention to the times in the column of March 20th, and I would like you to go to the last three entries on page 35 the times being 2000, 2100 and 2200.





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A. Right.

3

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Q. And turn the page to page 36,  
and there are entries for 2300 and 2345.

5

A. Right.

6

7

8

Q. Now I will ask you to look at  
those five carefully, and please take a moment to do  
it. Would you tell me if you can recognize any of  
those as your handwriting?

9

10

A. It is hard to say from the  
copy but the 2300 and 2345 could be mine.

11

Q. Which ones, Mrs. Bell?

12

A. The 2200.

13

14

Q. And the one after that was  
2345?

15

A. Yes.

16

THE COMMISSIONER: 2200 you think?

17

THE WITNESS: Yes.

18

19

THE COMMISSIONER: I take it when  
you say 2200, I take it the 2100 was not yours, was  
it?

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21

THE WITNESS: No, I don't think it  
was.

22

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THE COMMISSIONER: 2200 and 2345,  
and the 2300 you think was not yours?

24

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THE WITNESS: I'm not sure about







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the 2300, sir, it could be.

3

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MS. KITLEY: Q. Am I to understand  
that you think the 2200?

5

A. Yes.

6

Q. And you think the 2345?

7

A. Yes.

8

Q. And the 2300 is a question  
mark?

9

A. Yes.

10

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12

13

Q. Now having just gone through  
the assignment book and the Cook chart with you it  
is clear that Susan Nelles had just her three babies  
until 2300?

14

A. Right.

15

16

Q. And would that give her more  
time to answer Miller's monitor until 2300?

17

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A. Well, it depends if she was  
still busy in 418, or she was feeding and the child  
was attached to a monitor it would be difficult to  
get up and walk, because 418 is near the nursing  
station and 423 is down the hall somewhere so it  
would be difficult to answer the monitor.

22

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Q. But since we know that at  
2300 Miss Nelles became quite busy.

24

25

A. Right.





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Q. Is it reasonable that your contact with Miller started at the time Nelles became otherwise occupied at 2300 hours?

A. Well, I was in the room, yes.

THE COMMISSIONER: I'm sorry, I missed that.

THE WITNESS: I would be in the room.

THE COMMISSIONER: You would be?

THE WITNESS: I would be. As Susan got busy with Justin Cook she would be more busy plus she went to the echo lab, so she wouldn't be even on the floor so I would go down there to the alarm.

MS. KITELY: Q. What I am getting at is it fair to say that on 2300 when we know that Susan was busy.

A. Yes.

Q. That your going into the Miller room was more likely than going in before 2300 hours when Susan was on the ward and had three children?

A. Yes, it was more likely.

Q. Now, we have heard from your examination and various cross-examinations, and it





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appears that you were in this room on several  
occasions and I want to try to list them with you.

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A. Okay.

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Q. I understood you to say that  
you took the pulse at least twice?

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A. Yes.

8

Q. That when you did that you were  
the only one in the room?

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A. At least, yes.

11

Q. So those are times one and two  
for the sake of this evidence.

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THE COMMISSIONER: I'm sorry, what  
is that?

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MS. KITLEY: Q. That there was twice,  
Mrs. Bell, that you were in the room and in response  
you said to the monitor that you were the only one  
there?

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A. At least, yes.

19

Q. So that is one and two for  
my count.

20

A. Right.

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Q. And then you were there on a  
third occasion and that is when - on at least a  
third occasion and that is when you said you saw  
Phyllis Trayner administering into the buretrol?







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A. Yes.

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Q. So we are going to call that  
number three, whether it was three chronologically  
or not we are going to call that number three.

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A. Right.

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Q. Then I believe that in  
cross-examination it was suggested to you in reading  
Phyllis Trayner's evidence at the preliminary that  
you were in there with Phyllis Trayner during the  
time when the child was vomiting?

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11

A. Right.

12

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Q. And as I understand your evidence  
you could not specifically recall that incident?

14

A. Right.

15

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Q. But you said it could have  
happened?

17

A. Yes.

18

Q. We are going to call that  
number four, are you with me so far?

19

A. Right.

20

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Q. Then there was an incident  
when you were in there and you saw Phyllis Trayner  
and Susan Nelles suctioning the Miller baby?

22

23

A. Right.

24

Q. And you recall that incident?

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A. Yes, I do.

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Q. We are going to call that  
number five.

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A. Right.

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Q. Then you gave evidence that  
you were in the room and you were asked to call  
Soulioti, you went and got Soulioti and brought her  
in?

9

10

A. Right.

11

Q. So I am going to call the  
bringing in of Soulioti number six, are you with me?

12

A. Okay.

13

14

Q. You then left after Soulioti  
came into the room, you got part way down the hall.

15

A. Right.

16

Q. And a Code 25 was called.

17

A. That's right.

18

Q. You went back into the  
room with the chart?

19

A. With the cart.

20

Q. With the cart, I'm sorry.

21

A. Yes.

22

Q. We are going to call that one  
number seven.

23

24

A. Right.

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Q. So there have been seven  
separate instances that night that you were in the  
Miller room, one of which you have no specific  
recollection?

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A. Right.

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Q. Are you able to tell this  
Commission which one of those came in which order?

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A. No.

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Q. Now you were given in evidence,  
from the preliminary, the testimony of Phyllis  
Trayner to the effect that Susan Nelles went to the  
echo lab at 2350 and returned from the echo lab at  
2420, do you remember that evidence?

14

A. Yes, I do.

15

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Q. And aside from being told that  
is what Phyllis Trayner said, do you have any  
basis upon which to say that is when the child went  
and when the child returned?

19

A. No.

20

21

22

Q. You indicated that you  
associated going down to the Miller room with the  
time that Susan Nelles was taking Justin Cook to the  
echo lab.

23

A. Right.

24

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Q. And that is when you were







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given the evidence from Phyllis Trayner at the  
preliminary hearing that that probably occurred  
at 2350?

A. Right.

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BmB.jc  
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Q Is it possible that --

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MR. HUNT: Mr. Commissioner, could I just interrupt for a moment. I am having some confusion over the evidence here. I thought my friend just put to this witness that she had no recollection of being in the room when she saw Allana Miller being suctioned by Phyllis Trayner and Susan Nelles. Is that not correct?

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MS. KITELY: No.

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THE COMMISSIONER: I don't think so.

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MS. KITELY: That was not the evidence.

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MR. HUNT: That was not the evidence, that's right.

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MS. CRONK: Nor is it what Ms. Kitley said.

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MS. KITELY: Nor is it what I said, sir.

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THE COMMISSIONER: I'm sorry, this time I agree with Mr. Hunt, I thought that was what you just said.

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MS. CRONK: As I understood the exchange, and Ms. Kitley can speak for herself, she put what she numbered as seven different attendances to the witness.

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THE COMMISSIONER: Yes, that's right.

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MS. CRONK: And then she asked the witness --

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THE COMMISSIONER: Well, the fifth one was the suctioning.

MS. CRONK: That's right.

THE COMMISSIONER: And the fifth one was the one that I thought --

MS. KITLEY: The fifth was the suctioning by Phyllis Trayner and Susan Nelles.

THE COMMISSIONER: That's right.

MS. CRONK: There was another occasion that she couldn't recall where it was suggested that she assisted Phyllis Trayner to suction the child where the child had just vomited.

THE COMMISSIONER: I see.

MS. CRONK: And then I thought the penultimate question was, can you place the order of any of those attendances, and I thought the answer was no.

THE COMMISSIONER: Yes. And your problem is?

MR. HUNT: I think that clears it up. The portion of the testimony that I was looking at, the witness seemed to clearly recall the incident with Phyllis Trayner and Susan Nelles suctioning the baby.

MS. KITLEY: Yes she did, Mr. Hunt.







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THE COMMISSIONER: Well, I'm sorry, which is the one you can't recall, Mrs. Bell, and I will just ask you directly, I will bypass all these lawyers?

THE WITNESS: The one where Phyllis was just suctioning on her own, the baby had just vomited.

THE COMMISSIONER: Oh, I see.

THE WITNESS: And the one with Phyllis and Susan suctioning together was just prior to the arrest.

THE COMMISSIONER: Oh, yes, yes.

MS. KITLEY: So, it is No. 4 on my list, sir.

THE COMMISSIONER: Well, no, No. 4 is the vomiting, that is as I have it; No. 5 is the suctioning and that's with Phyllis Trayner and Susan Nelles and that one you're not sure that you remember, is that right? Have I got that right?

MS. KITLEY: No, sir.

THE COMMISSIONER: No, I've got it wrong, all right.

MS. KITLEY: Shall I do it, sir?

THE COMMISSIONER: Yes, you try it.

MS. KITLEY: The evidence was put to





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the witness whether she helped Phyllis Trayner when  
the child vomited. She could not recall that incident.  
That I numbered 4.

THE COMMISSIONER: Oh, I see, right.

MS. KITLEY: The next one was Phyllis  
Trayner and Susan Nelles suctioning she did recall, it  
was just before the arrest and that is No. 5.

THE COMMISSIONER: Yes, all right.  
Now, does that make you happy now?

MR. HUNT: Yes, thank you, sir.

THE COMMISSIONER: Yes, all right.

MS. KITLEY: Thank you.

THE COMMISSIONER: There is no other  
basis for the timing other than Phyllis Trayner said  
it was 11:30 and that was the last note I have here.

MS. KITLEY: Thank you, sir. That  
is exactly what I was trying to figure out, sir.

Q. Now, I would like you to go to  
the Miller chart, which is Exhibit 115.

A. Right.

Q. And go to the Medication and  
Treatment Record which is on page 38.

A. Yes, I have it.

Q. Can I direct your attention to  
the third entry of gentamicin, the order was written





F.5

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on the 19th of March.

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A. That's right.

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Q. Under the column of signatures  
on the 21st there appears the signature of Susan Nelles  
opposite the time of 0100 hours.

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A. That's right.

7

8

Q. Does that mean that Susan Nelles  
is charted as having administered gentamicin to Miller  
at 1 o'clock in the morning?

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A. That's right.

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Q. Would it be safe then to assume  
that Susan was back on the floor at that time. Could  
you make that assumption?

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A. You could make that assumption,  
yes.

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MS. KITLEY: Mr. Commissioner, I am  
about to refer to Volume 5 of the preliminary inquiry,  
this being the evidence of Phyllis Trayner.

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THE COMMISSIONER: Yes, what page?

19

MS. KITLEY: Page 1182, sir.

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Q. Mrs. Bell, I am going to read  
you from a portion of this transcript in Volume 5,  
starting at page 1182. I would like you to listen to  
the excerpt and then I will have a question for you.

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A. Right.

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MS. KITLEY: Mr. Commissioner, I am  
starting at the top of page 1182.

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Q The third question:

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"Q. When you say Susan was back, she  
was back with Justin Cook?

6

"A. Yes, that is correct.

7

"Q. From the Echo lab?

8

"A. Yes.

9

"Q. And took him into 418?

10

"A. Yes.

11

"Q. You finished your coffee?

12

"A. Yes, I then knew that Susan had  
to give the gentamicin to Allana Miller.

13

"Q. Susan, at what time?

14

"A. Susan Nelles.

15

"Q. At what time did she have to give  
gentamicin to Allana Miller?

16

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"A. The gentamicin was due at  
1 o'clock.

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"Q. At 1 o'clock.

20

"A. She had asked me before she had  
left to the Echo lab to check to make  
sure when the next medication was due.

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22

"Q. Well, that's all right, okay.

23

"A. Okay. I then - this is about

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"one, I went in.

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"Q. Did you do an apex though on  
Allana Miller before that, perhaps  
around 12:30?

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"A. I don't think so.

7

8

"Q. All right, fair enough. And  
then around 1 o'clock what did you  
do, about 1 o'clock in the morning?

9

10

"A. About 1 o'clock I went in to  
show Susan the medication ticket and  
the gentamicin.

11

12

"Q. Now, where was Susan Nelles at  
1 o'clock in the morning?

13

14

"A. She was in 418 with Justin Cook.

15

"Q. With Justin Cook?

16

"A. Yes.

17

"Q. And you had drawn up the  
gentamicin?

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"A. No, I had it in my -- I don't  
know if I had drawn it up or not. I  
had the ticket and the vial with me  
to show her that I was going to go  
ahead and give the gentamicin just so  
that Sue wouldn't come out later  
remembering that she had this 1 o'clock





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"medication to give and go and give another one. So, I just wanted to make sure.

"Q. Okay.

"A. I went --

"Q. And, okay, what did you do? You checked, you showed Susan that you had this vial and this syringe I take it?

"A. And that I was going to give the gentamicin to Allana Miller.

"Q. To Allana Miller?

"A. She was also on hourly apex, so, when I was in there and after I had given her the gentamicin.

"Q. Well, listen, now we have to take this slowly. You went from 418 where you had shown this vial to Susan Nelles and you went back to 423 to Allana Miller?

"A. Yes.

"Q. This was about 1 o'clock in the morning?

"A. Yes.

"Q. And you administered the gentamicin







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"to Allana Miller?

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"A. That's correct.

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"Q. Was that orally or by intravenous?

5

"A. Intravenous.

6

"Q. And did you draw it up while in  
Room 423 with Allana Miller?

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8

"A. I think I had drawn it up. I  
can't be - I'm not sure what I did  
with it. I know I had the gentamicin  
with me and the vial.

10

11

"Q. What colour is gentamicin?

12

"A. It's clear.

13

"Q. It's clear?

14

"A. Yes.

15

"Q. And then where did you inject  
this gentamicin?

16

"A. Into the buretrol."

17

Now, I have finished reading, Mrs.  
Bell. While Mrs. Trayner places this incident in  
this evidence at about 1 o'clock --

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20

A. Yes.

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Q. Would you agree that what you  
saw is similar to the events that I have just read you  
here?

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A. Yes.

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Q And that Mrs. Trayner gave this evidence at the preliminary inquiry according to this volume on January 25th, 1982?

A That's right.

MR. HUNT: Surely my friend isn't going to leave it there after asking the witness that it is similar to what she saw. I mean, we haven't heard a word from this witness about seeing Phyllis Trayner go down the hall and show a vial or a ticket to anybody. The purport of that question is that this evidence is similar to what she has already testified to and patently it isn't.

MS. KITELY: With respect to the actual administration --

THE COMMISSIONER: The actual administration of the gentamicin is the same I suppose any time it is administered, is it not? Gentamicin is an antibiotic.

THE WITNESS: It is an antibiotic.

THE COMMISSIONER: It is put into the buretrol with a syringe?

THE WITNESS: That's right.

THE COMMISSIONER: You put it in at 1 o'clock and that would be the same as what you saw?

THE WITNESS: Yes.





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THE COMMISSIONER: Well, I don't have any difficulty with that proposition but the problem is whether it was, that was the occasion that she saw, that's what Mr. Hunt is pointing out.

MS. KITLEY: And that was the evidence given by Mrs. Trayner at the preliminary, sir.

THE COMMISSIONER: Yes.

MS. KITLEY: Can we go back to the Miller chart, Exhibit 115, page 38, which is the Medication and Treatment Record. If we will look at this second - I'm sorry, the third entry which is the gentamicin.

THE WITNESS: Yes.

MS. KITLEY: Q There is an order on the 13th for an administration at 0100 hours and it would appear to have been signed off on the 21st at 0100 hours by Susan Nelles, is that correct?

A. Right.

Q So that if for the sake of discussion Phyllis Trayner administered the drug that I have just referred to in Volume 5 of the transcript, you would agree with me that on page 38 of Exhibit 115 there is nothing to indicate that she administered it?

A. That's right.

Q And am I correct to understand







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that it is that signing off by Susan Nelles that it  
is possible that she didn't do?

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A. That Susan didn't do it?

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Q. She didn't administer the drug.

6

It would appear that she signed it off?

7

A. It's possible.

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Q. Now, after the child died in

9

the early hours of the morning, am I correct that the  
chart itself would leave the floor?

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A. Yes, it does.

11

Q. And would it be in the normal

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course of events for you to look at this chart before  
it left the floor?

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A. No, there are a number of people

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that do the charting after a child has died. There  
are the doctors and the nurses and then it has to get  
to Medical Records and they have to act upon the  
chart itself, so, it has to go as quickly as possible  
as the child leaves the floor.

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Q. Well, let's look at page 41 of

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Exhibit 115 which is the progress notes.

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A. Yes.

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Q. And I will direct your

attention to the bottom of page 41.

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A. Yes.

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Q And there's an entry 21/3/81.

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The time in my book is deleted by the staple but at any rate that is the doctor's entry following the resuscitation efforts, am I correct?

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A Yes.

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Q And that goes up to the top of page 42?

8

A Yes, it does.

9

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Q And then on page 42 we have an entry from March 20th, 1981 from 1900 hours to 0300 hours.

11

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A Right.

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Q And then about ten lines down an entry March 21st, '81 from 0145 to 0327 hours?

14

A That's right.

15

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Q And the two entries that I have just referred you to appear to be in Susan Nelles' handwriting in that there is a signature of hers at the bottom of the page?

18

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A Yes, she signed it.

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Q So, it would appear from looking at this chart that she did her shift charting after the doctor had done the charting with respect to the resuscitation?

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A Yes.

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Q. And that charting would have been done by Susan Nelles some time before she left the ward that Saturday morning?

A. Yes, definitely.

Q. And when that charting was done by Susan would you have looked at it? Would that be something that in the ordinary course of events you would do?

A. No.

Q. And once that charting was done, the chart would leave the floor?

A. Yes, it would. There are a number of sheets that we make up that we have to notify different areas of the Hospital along with notifying the parents, et cetera, and when the child leaves the floor the chart usually leaves with the child.

Q. But before the chart left would it have been within your frame of reference as a team leader to have looked at the chart to see whether it was in order?

A. Not in this case because Phyllis would have looked after it to see if everything was on the chart that should have been on the chart. So, she would have been the one to check it, I wouldn't have been the one.







G/EMT/ko

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Q. Would you be the one to check it if the death were on your side?

A. On 4B, yes.

Q. But the Miller chart we are talking about, it was not your job to look at it to see whether it was in order?

A. No.

Q. And would you have had any reason to check the medication and treatment record to determine whether the drugs had all been signed off during the shift?

A. No. That would be Phyllis'.

Q. During the time that you saw Phyllis Trayner administer this medication to the Miller child was there anything about her behaviour or conduct that caused you to be suspicious?

A. No. As far as I was concerned she was administering an antibiotic.

Q. Now dealing then with the night of Sunday, March 22nd, you worked a long night?

A. Yes, I believe I did.

Q. There were several unusual features on the ward. These have been put to you previously, but to summarize, the drugs were locked and supervisors carried the key?





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A. Yes.

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Q. The supervisors were on the

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floor at all times?

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A. Yes, they were.

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Q. One for 4A and one for 4B?

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A. Yes.

8

Q. And am I correct it wasn't your usual supervisor, Lynn Johnstone?

9

A. That is right.

10

Q. It was a relief supervisor?

11

A. There was two relief supervisors for evenings on each side, 4A and B, and there was one for the nights. They were actually relief people that didn't normally do supervisory jobs.

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Q. What was your reaction to supervisors who were relief personnel?

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A. Well, I was upset by it. I couldn't understand why they would call in these relief people to do this job, and plus they didn't know why they were there as well.

19

Q. Did you ask them?

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A. Yes, I did. The one on evenings I had asked. She had been a U of T instructor or she was a U of T instructor at the time, and I asked her directly why they were there, and she just repeated

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that it was for my own good, and not to worry about it.

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I asked her again because I wasn't happy with that answer, and she repeated the same thing. And then the night supervisor just said she really didn't know why she was there; that she was told to come there and told what to do and that was that.

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Q. In addition to those features being unusual am I correct that there was some effort to transfer children off the ward?

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A. Well, we had our routine admissions that had come in, and they had allowed them to be admitted to the ward, which is routine, and then when I'd gotten there there was an effort to - there was a few children left that were going to have either cardiac catheters next day or surgery, and they were being transferred off the floor and we were getting calls from the floor where they were being transferred to about routines that we normally do.

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Q. And in addition to those features am I correct that the members of the Trayner team were told not to come in to work?

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A. Right. And the 4B team was split between 4A and B, and then we got relief to fill in like for certain people.







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Q. The people that you would normally work with were split that night between both Wards A and B?

A. Right.

Q. And --

THE COMMISSIONER: How long did that last that night? I take it you had just your regular team on for --

THE WITNESS: Just the 4B team was there and we were split, like the RN on the 4B side was in charge on 4A.

THE COMMISSIONER: When did you get -- did you get any further assistance? You had a supervisor of course?

THE WITNESS: Plus we had other relief as well that night.

THE COMMISSIONER: When did they come?

THE WITNESS: They came at the same time.

THE COMMISSIONER: Right from the beginning?

THE WITNESS: Right from the beginning at 7:15.

MS. KITELY: Q. Did you leave the ward at about 7:15, 7:30 on Monday morning?





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A. Or 8 o'clock. It could have been anywhere a quarter to, to 8:00.

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Q. When you left had you had the answer to any of the questions that you had asked of the night supervisor and the evening supervisor?

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A. Well, it was just the same supervisor that we had had, and one didn't know the answer and one, if she did, she wasn't about to give it to me.

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Then there was just Mary Costello and she didn't know. I knew she had just come back from holidays, and she didn't know.

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Q. Now Mr. Shanahan asked you some questions about having meetings in and out of the hospital, and of course the meeting on the night of Monday, March 23rd was out of the hospital; is that right?

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A. Right.

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Q. And you were telephoned at home and told of the meeting at Liz Radojewski's house?

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A. I believe I was.

21

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Q. And do you recall who telephoned you to tell you?

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A. I can't remember who it was.

Q. When you received the call and





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were told about the meeting were you told to keep it  
secret?

3

4

A. No.

5

6

7

Q. Was there anything in the  
information conveyed to you about the meeting that led  
you to believe that you ought to be secretive about it  
taking place?

8

9

A. No.

10

11

Q. Have you at any time had any  
discussion with anyone about keeping the fact of that  
meeting having taken place a secret?

12

13

14

A. No.

Q. You, in response to Mr. Percival's  
questions, indicated that you went with Susan Nelles  
and came back with her?

15

16

17

A. Yes, I did.

Q. Was there anyone else in the

vehicle?

18

19

A. No, just Susan and myself.

Q. Am I correct that when you went  
to that meeting on the evening of March 23rd you had  
no understanding that the police were already involved?

21

22

A. No, I didn't know.

23

24

25

Q. Now there has been a suggestion  
as a result of the evidence of Miss Radojewski at the







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preliminary (and this is found in Volume 3, page 494, 495) that one of the comments made at that meeting was that the nurses would, and I am quoting, "stick together".

Can you tell me what you understood that meant?

A. Well, basically that we would just support each other in a time of stress. That obviously this was a really stressful time for everybody, and parents as well needed to have answers and they were certainly entitled to answers, and we were to answer them as best as we could.

Q. Was there any suggestion or discussion that the nurses ought to stick together on the one hand and everyone else, be it the police or the hospital or whatever on the other hand? Was there a polarization into that "stick together"?

A. No. I mean there was certain anger towards the hospital as far as - because we didn't know anything, but there was nothing about it for us to stick together, as far as sticking to one's story, no, there was nothing like that.

Q. And when Mr. Shanahan suggested to you in Volume 101, page 2978, that there was a pact formed among the nurses on this occasion, is that in





1

2

fact what happened?

3

A. I don't think you could call it  
4 a pact. It was just a matter of supporting your co-  
5 workers.

6

Q. Now I understand that there had  
7 been meetings previously off the ward?

8

A. There was occasions, yes,  
8 because there was more time off the wards.

9

On the ward you had sort of a constant  
10 pressure because there was certain things obviously  
11 that had to be done, so it would be easier to have if  
12 you had any kind of a meeting that you wanted to  
13 discuss things in length to have it off the ward.

14

MS. KITLEY: Mr. Registrar, might the  
14 witness see Exhibit 300 and 301?

15

Mr. Commissioner, I have got a few more  
16 minutes on this topic and then it might be time for the  
17 break?

18

THE COMMISSIONER: Well, it is not time  
19 yet, but how long are you going to be?

20

MS. KITLEY: I think I will be about  
20 15 minutes after the break, sir.

21

THE COMMISSIONER: Yes, all right.

22

MS. KITLEY: I am prepared to continue.  
23 I just wanted to alert you that I knew the time was

24

25

G 8





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marching on.

3

THE COMMISSIONER: Well, it doesn't  
matter, but if you are on this topic - is this a new  
topic you are going to start?

5

MS. KITELY: Yes, sir.

6

THE COMMISSIONER: Well, will it take --

7

MS. KITELY: It is a short one.

8

THE COMMISSIONER: Well, let's have  
this one then.

9

10

MS. KITELY: Q. Have you got 300 and  
301, Mrs. Bell?

11

12

THE COMMISSIONER: I have got them here.

13

THE REGISTRAR: 301 too, Ms. Kitely?

13

MS. KITELY: Yes, please.

14

THE COMMISSIONER: I have 301 here.

15

MS. KITELY: I don't know that the  
witness had 301 yet.

16

17

Mr. Commissioner, do you have 301?

18

THE COMMISSIONER: Yes, I have 301.

19

MS. KITELY: Then perhaps I will start  
with 300 then.

20

Q. Will you turn to Exhibit 300,  
the 4A Communications Book which is the first tab, and  
specifically page 12?

21

22

23

THE COMMISSIONER: I have 301.

24

25







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MS. KITLEY: 300 is the big one. You

3

have that one?

4

THE COMMISSIONER: I have 301.

5

MS. KITLEY: You need to have both

6

300 and 301, sir. The witness now has both. Do you?

7

THE COMMISSIONER: I have, yes. All

8

right. That doesn't look like 300 to me. Does it say  
300?

9

MR. HUNT: Mr. Commissioner, I wonder

10

if the witness might use my copy.

11

THE COMMISSIONER: Yes.

12

MS. KITLEY: Miss Cronk has volunteered

13

her copy.

14

THE COMMISSIONER: I wonder, Miss

15

Kitley, at the break if you could just, the ones you  
want, if you could ask the Registrar to get them out.

16

MS. KITLEY: Yes, I will.

17

THE COMMISSIONER: Yes. All right.

18

MS. KITLEY: Q. Dealing then with

19

Exhibit 300.

20

A. Right.

21

Q. Would you turn to 4A

Communications Book, page 12?

22

A. Right.

23

Q. Am I correct, Mrs. Bell, that in

24

25





1

2

fact that refers to a meeting on September 8th, 1980  
at your home?

3

4

A. Yes, it does.

5

Q. And with this being in the 4A  
book it included people who were both 4A and 4B?

6

A. That is right.

7

8

Q. And the persons in attendance  
were Susan Brace?

9

A. Sue Brace.

10

Q. Sue Arbour, Sue Nelles?

11

A. Right.

12

Q. Mary Cooney, Mary Jean, Maria,  
Karen Power, Shirley Anne Parcels, Mary Lou Kelly?

13

A. That is right.

14

15

Q. And this meeting from the notes  
would seem to indicate that there was a discussion  
about, among other things, NARvel, feeding, basic  
care, emotional care, observation, treatment and  
location?

16

17

A. Yes. It all had to do with the  
NARvel.

18

19

THE COMMISSIONER: Is that a one page  
document?

20

21

MS. KITELY: There is something stuck  
in the middle of this book, sir.

22

23

24

25





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Are you referring to the minutes which  
is page 13?

4

THE COMMISSIONER: Oh, I see. It goes  
on.

5

6

MS. KITELY: Keep going past ...

7

THE COMMISSIONER: All right. Thank  
you.

8

9

10

MS. KITELY: Q. Am I correct, Mrs.  
Bell, pages 12, 14 and 15 are the description of the  
events at the meeting at your house on September 8th?

11

A. Yes.

12

Q. Now can you tell me why both  
teams would have been at that meeting?

13

14

15

16

17

18

19

A. Well, it was - at the time there  
was a concern about staffing and one of the ways that  
we felt we could deal with staffing was to do the  
NARvel more efficiently, so we had this meeting to  
discuss in how we were doing the NARvels and if we  
were doing them correctly and if we weren't what we  
could do, to do them more accurately.

20

21

Q. Having just looked at it, could  
you tell us why specifically this meeting was held off  
the ward?

22

23

24

25

A. Because the discussion of  
NARvel would take a while because you would have input







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from the number of people that would do it, and then  
to sort of discuss how it should be done specifically  
for our ward, and since both 4A and B had the same  
type of patients it would be to both wards' interests.

- - - -





H/DM/ak

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Exhibit 301?

4

A. Yes.

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Q. Now can I ask you to look at

Q. Which is the Ward 4B meeting book, and would you turn to page 7; there is an entry under the date October 22nd, 1980 and the people involved were Karen Power, Mary Costello, Meredith Frise and Shirley Anne Parcels, is that correct?

A. That's right.

Q. And from looking at this does it appear that this was a meeting that was in the Hospital?

A. Well, it was a meeting at Meredith's apartment.

Q. And I ask you, I draw your attention to the third paragraph, and I am quoting:

"Together..."

Would that be perhaps:

"To get everyone together and talk about everything in general about budget, et cetera that we will have the meetings off the floor."

Have I read that correctly?

A. Yes.





1  
2  
3 Q. Now, can we turn over to the  
4 next page at the top of page 8, it is a little  
5 difficult to read on the copy we have, but let's  
6 look at the entry for October 23rd, 1980.

7 A. Right.

8 Q. And you will see that there  
9 are an assortment of people; am I correct that this  
10 is the meeting that was at Meredith Frise's apartment?

11 A. Yes, I believe it was.

12 Q. Now, I take it Exhibit 300,  
13 which is that one, Tab 4B, Communications Book, page  
14 62.

15 A. Page 62?

16 Q. Yes, 4B Communications Book.

17 A. The pages are not numbered.

18 Q. Do you have it, Mrs. Bell?

19 A. I think so, but my pages are  
20 not numbered.

21 Q. We have that problem sometimes  
22 too. Do you have the entry for the 21st of October,  
23 that is what I am looking for?

24 A. Yes, I do.

25 Q. And at the bottom of that  
entry after the words in bold letters "Comments Please",  
there appears the words:







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"Would like to meet at Meredith's  
apartment."

4

And four names are written down.

5

A. Right.

6

Q. And would it appear that

7

entry that is on page 62 preceded the actual meeting  
at Meredith Frise's apartment which is on October  
the 23rd, 1980?

9

A. It would appear that way, yes.

10

Q. Were you personally at the

11

meeting at Meredith's apartment?

12

A. No, I was not.

13

Q. Did you understand that it

14

was happening?

15

A. Yes, but I believe I was

16

working nights that night so I couldn't go, Karen  
probably would have mentioned it before she left,  
she left right from work.

17

18

Q. Let's look again at Exhibit 300,

19

the 4A meeting book, which is the fourth tab and

20

would you go to page 175; do you have page numbers

21

on that, Mrs. Bell?

22

A. No, I don't.

23

Q. I am looking for the entry on

24

the page starting August the 5th, can you locate that?

25





1

2

3

THE COMMISSIONER: It is three  
pages in, three double pages in.

4

THE WITNESS: August the 5th.

5

MS. KITLEY: August the 5th,

6

three pages from the bottom.

7

THE COMMISSIONER: From the top

8

I think.

9

MS. KITLEY: Q. Can I assist you.

10

Do you have the entry for October 23rd, 1980?

11

A. Yes, I do.

12

Q. And I direct your attention

to the fourth line and I am quoting:

13

"Discussed frustration related to

14

staff meetings while on wards."

15

Do you see that?

16

A. Yes, I do.

17

Q. Now looking at the beginning

of that entry it does not indicate that you were

18

present at this meeting. Could you help us with

19

what that comment that I just read out relates to?

20

A. Again with staffing, you

21

can't get that many people to come to the ward

22

meetings because they have to do actual care whether

23

it be - whatever the case may be, or some people

24

might be off the floor, or whatever, so you would

25





1  
2  
3 have more people attending, you would be able to  
4 have more people attending and more input into  
5 changes that needed to be made or concerns that you  
6 would have and things like that.

7 Q. Now, if I can take you to  
8 three lines below that, and I am quoting:

9 "Suggestions made to set up breakfast  
10 meetings."

11 Would those be breakfast meetings  
12 to discuss ward issues?

13 A. Yes.

14 Q. To your knowledge were such  
15 breakfast meetings held?

16 A. Breakfast meetings? No, I  
17 don't think so.

18 Q. All right, let us go to the  
19 right side of that page, there is entry October the  
20 24th, and your name does not appear amongst those  
21 that were involved in this meeting. Am I reading  
22 the second line correctly where it says, and I quote:

23 "Meetings good idea maybe Friday  
24 when less busy."

25 A. Right.

Q. Would you know whether that is  
a reference to off the ward meetings?





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3 A. I'm not sure, it could mean  
4 when the ward is less busy, sometimes Friday afternoons  
5 are not that busy, but then you couldn't count on it  
6 either, so --

7 Q. In fact let's look further  
8 down that page at 1330 hours, there is another group  
9 of people and I am quoting:

10 "Discussed with our group wants an  
11 outside meeting or coffee meeting on  
12 Fridays."

13 Did you participate in a discussion  
14 to that effect?

15 A. No.

16 Q. Did you know that such a  
17 discussion was going on at that time?

18 A. Yes, yes.

19 Q. Can we turn to the next page  
20 under the entry October 27th.

21 A. Yes.

22 Q. And your name does not appear  
23 against those who were discussing this, but can I  
24 take you to about the fifth line and I am quoting:

25 "Half team likes longer evening meeting  
away from work, some people like the  
idea of breakfast meetings."







1  
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3 Did you participate in a discussion  
4 about having evening meetings away, or breakfast  
5 meetings at the Hospital?

6 A. Well, not in this particular  
7 meeting, but I recall discussing it.

8 Q. Would it have been at about  
9 this time?

10 A. Yes.

11 Q. On the next side of that page  
12 the entry of November the 4th, it appears that your  
13 name is not one of those that were present at the  
14 meeting but it says and I quote:

15 "Talked about ward meetings outside of  
16 Hospital for 4A only."

17 And then lower down it would appear  
18 to say:

19 "Date set for Tuesday, November the  
20 11th at 7:45 place to be posted by  
21 Friday."

22 Were you aware that there was a  
23 discussion by those people about having a ward  
24 meeting for 4A off the floor?

25 A. I believe I was, yes.

Q. The next entry is dated  
November the 11th, 1980 and having looked through it,





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Mrs. Bell, I can't tell from its content whether it took place on or off the ward; are you able to assist us in that?

5

A. No.

6

7

8

Q. We know then that we have at least two meetings off the ward, Meredith Frise's for one and your own place for another?

9

A. Yes.

10

11

12

Q. And so by the time March the 23rd came around and there was a suggestion to have a meeting at Liz Radojewski's house, did you see that suggestion as unusual?

13

A. No.

14

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MS. KITELY: Mr. Commissioner, I am about to go into my last area.

16

17

THE COMMISSIONER: Yes, all right. We will take 20 minutes now then.

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MS. KITELY: Thank you, sir.

---Short recess.





BmB.jc  
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--- Upon resuming:

THE COMMISSIONER: Yes, Miss Kately.

MS. KITELY: Q Mrs. Bell, on ...

THE COMMISSIONER: This is the first time I have had to ask for some kind of order in the hearing room. Please, I have asked Miss Kately to continue with the examination.

MS. KITELY: Thank you, sir.

Q On Wednesday, March 25th, did you work long days?

A Yes, I believe I did.

Q And during the early afternoon did you meet with Mary Costello and Liz Radojewski in their office?

A Yes, and Anne Evans as well and some other people from the ward.

Q And was the purpose of the meeting to be informed about the arrest of Susan Nelles insofar as you were aware?

A Yes, it was.

Q What was your reaction upon being told that she had been arrested for the death of Justin Cook?

A Well, first of all, I was shocked that she was arrested for the murder of Justin Cook;







I.2

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not only that, it was the murder, that Justin Cook was thought to be murdered and, as well, that Susan Nelles had done it.

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6

Q. On the occasion of Wednesday the 25th, were you asked by anyone to speak to the police? This is on the 25th.

7

8

A. On the Wednesday, no.

9

10

Q. Did you work for the rest of your shift on the Wednesday?

11

12

A. Yes, I did.

13

14

Q. And did you go to work again for long days on Thursday, March 26th?

15

16

A. Yes, I did.

17

18

19

Q. And when you arrived at work on that Thursday did you have any expectation that you would see the police that day?

20

21

A. No, no, no.

22

23

24

25

Q. Am I correct that it was about noon that Liz Radojewski came to you and said that you should speak to the police?

A. Yes, it was.

Q. And what was your reaction when Liz Radojewski said you should do this?

A. Well, I was surprised on one hand and I guess not so surprised. I felt that they





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were investigating further, so, I guess my initial response was that I was surprised that they had come to me on the Thursday.

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Q And am I correct that you saw the police in the Hospital?

6

7

A Yes, I did.

8

9

Q And that would have been right after Liz Radojewski told you to go and speak with them?

10

11

A Yes, Liz actually took me down to where they were.

12

13

14

Q And the notes from that interview indicate that the meeting took place with the officer from 12:20 p.m. until 1:25 p.m. Does that accord with your recollection?

15

16

A That's about right, yes.

17

18

Q So, you were with them approximately 65 minutes?

19

20

21

Q And on that occasion was that the first time that you spoke to any police officer about any deaths at The Hospital for Sick Children?

22

23

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A Yes, that was the first time.

Q And during the course of this meeting did they indicate that they were interested in one particular child?





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A. They were interested in what happened the night that Justin Cook had died.

Q. And did they ask you certain questions to start out with? Did they ask you about your education and your birth date and all those kinds of things?

A. Yes, they asked basic questions about where I was working and where I had gone to school, et cetera, and then they asked the general question about Justin Cook and then specific questions after I had gone over what had happened that night.

Q. So, the scenario was specific questions about you?

A. Right.

Q. Followed by a general question about Justin Cook?

A. Right.

Q. Followed by specific questions at the end?

A. Right.

Q. And am I correct that the specific questions at the end are as follows:

"How many times were you in Room 418 up until the time Sue Nelles called out for Phyllis Trayner?"





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and you answered:

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"A. At least three times.

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"Q. On those three occasions that you were in the room did you see Susan Nelles or anyone administer any drugs to Justin Cook?

"A. No.

"Q. Did you administer any drugs, and in particular, any digoxin to Justin Cook?

"A. I didn't administer any drugs to him, no."

Does that accord with your recollection of the questions the police officers put to you?

A. Yes.

Q. Was there anything in the interview that you had with the police on that occasion that they were interested to hear about any other babies?

A. No, I felt they wanted to know what happened the night that Justin Cook died and basically what I recalled about that night.

Q. And given that this was the day after the first charge had been laid against Susan Nelles, did you draw any conclusion about who







I.6

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in particular they were interested in?

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A. Well, I guess I assumed it would be Susan because Susan was the one that was arrested for his murder.

6

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Q. During the course of this meeting, did you have any idea that the police might be interested in any other personnel?

10

11

12

A. No, nothing specific about any other personnel.

13

14

15

16

Q. Am I correct that at the end of this meeting you were asked to review the officer's notes and you did so?

17

18

19

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A. I believe I reviewed them and he said if I wanted to I could make some changes and I believe I had made a change, the wording wasn't quite right and I was asked to sign each page and I signed each page, plus the last one as well.

Q. Is it fair to say that you read it reasonably carefully enough to make the change?

A. Yes.

Q. And you made that change in your own handwriting?

A. Yes, I did.

Q. And when you had this interview with the police did you have any personal intention





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about what you would do during the interview?

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A. Well, when Liz had come up to me and said that the police wanted to speak with me the only thing I thought of was that they were investigating this and it was just Justin Cook at the time, it would be just what I would recall about Justin Cook, sort of what I had seen go on or what I knew.

9

10

Q. But did you attend this meeting with an intention to try to help?

11

12

13

14

A. Yes, oh yes.

Q. Am I correct that on the occasion of your meeting with the police you were pregnant?

15

16

17

18

19

20

A. Yes, I was.

Q. And that you subsequently had a child in the middle of July of 1981?

21

22

23

24

25

A. Yes, I did.

Q. And at the time of your meeting with the police and subsequently, how were you feeling physically?

A. Well, when I heard of Sue being arrested that Wednesday I had quite a bit of difficulty sleeping, I felt a lot of tension, I was uncomfortable and I had concern for the baby as well, just that I





I.8

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couldn't sleep and couldn't eat very well, et cetera.

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Q Now, when you left the interview with the police were you given a copy of what you had read over and initialled?

5

6

A Given a copy?

6

7

Q Yes.

7

8

A No, I wasn't.

8

9

10

Q When were you first given a copy for yourself? To assist you, was it after this public inquiry was commenced?

11

12

A Well, I had seen a copy just a few minutes prior to my going into the preliminary hearing.

13

14

Q Did you keep it on that occasion?

15

A No, it was bound in a book.

16

17

18

19

Q All right, I'm going to come back to that. My question to you is, when was the first time you got a copy of the notes that the officer took on that occasion in order that you could keep the copy?

20

21

A Not until after this Inquiry was going to be held.

22

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Q All right. Now, am I correct that later on that Thursday there was a meeting at the Hospital in which many of the nursing and medical







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personnel were in attendance?

A. Yes, it was just shortly after  
I had gotten back from my meeting with the police.

Q. And who was running this meeting?

A. There was a number of  
administrators from the Hospital.

Q. Was there a lawyer in attendance?

A. Yes, a Hospital attorney was  
there.

Q. Do you remember his name?

A. Bill Carter I believe.

Q. And was he more or less running  
the meeting?

A. He was.

Q. And what do you recall was the  
substance of the meeting?

THE COMMISSIONER: I am sorry, I missed  
the date on this one.

MS. KITLEY: It is March 26th, sir.

THE COMMISSIONER: March 26th. That's  
the same one?

MS. KITLEY: The afternoon of the  
police interview.

THE COMMISSIONER: This meeting, was  
this at the time of the police interview?





I.10

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THE WITNESS: It was just shortly  
after.

4

THE COMMISSIONER: Shortly after.

5

MS. KITLEY: Q. Was the meeting on the  
ward?

6

7

A. Yes, it was in the Conference  
Room on the ward.

8

9

Q. And what was the substance of  
the meeting on that occasion?

10

11

12

13

14

15

THE COMMISSIONER: The problem with  
this kind of examination, I don't know whether it's  
going to bring up something, could we not have had  
this at the original, is this something that you have  
just discovered? I'm sorry, I'm concerned about this  
coming out in re-examination, that's all.

16

17

MS. KITLEY: I think actually  
reference has been made to it, sir, I am trying to  
put it into perspective.

18

19

THE COMMISSIONER: If it has, then I  
take it back.

20

21

MS. KITLEY: My friends can assist  
me, Ms. Cronk's indelible memory.

22

23

24

25

MS. CRONK: Well, I wouldn't go that  
far. To help you, sir. During the course of  
Mr. Percival's cross-examination the witness did make





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reference to a meeting at which a "Hospital lawyer"  
attended.

3

4

THE COMMISSIONER: Yes, all right.

5

MS. KITLEY: Thank you, Ms. Cronk.

6

Q. Can you help us with the substance  
of what you recall at that meeting, Mrs. Bell?

7

8

A. Basically that the police were  
investigating and that we were to offer whatever  
assistance we could but one of the things that he had  
said was that when we do make the statements that we  
don't have to sign the statements.

10

11

12

Q. And did you give any indication  
that you had already met with the police and had  
already signed a statement?

13

14

15

A. There was some noise from the  
people that had seen the police. It was obvious who  
had seen the police and who hadn't but I didn't say  
anything specifically to him at the time, no.

16

17

18

Q. Did Mr. Carter say anything  
else about statements that you can recall?

19

20

A. No.

21

Q. And after the meeting in the  
Conference Room did you return to your duties on the  
ward?

22

23

A. Yes, we did.

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Q. We have had Exhibit 345, which I think you have in front of you.

A. Yes.

Q. These are some notes, there are two pages and they are in your handwriting.

A. That's right.

Q. And they are with respect to Cook?

A. That's right.

Q. Can you help us now with the timing of when you prepared those notes?

A. Not until that evening when I got home.

Q. And we are still on March 26th?

A. Yes, that day, that evening.

Q. And why did you do them on that evening?

A. Just to sort of keep it fresher in my mind what I had discussed with the police and that if I was asked to make reference later on to it that I would have my own reference for it.







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2

J/EMT/ak

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Q. Now the next meeting you had  
with the police was on April 24th; is that correct?

4

A. I believe so, yes.

5

6

Q. Between March 26th and April  
24th you would have become aware of the additional  
charges against Susan?

7

8

A. That is right. It was the  
Friday I believe where the additional charges were  
brought before.

9

10

11

Q. And the notes of the interview  
with the police on April 24th are Exhibit 348. You  
have those in front of you?

12

13

A. Yes, I do.

14

Q. Was this interview at the  
Hospital?

15

16

A. Yes, it was.

17

Q. And it appears from it that  
it took place between 10:05 and 10:45?

18

A. That is right.

19

Q. Were you on long days that day?

20

A. Yes, I was.

21

Q. When you went to the Hospital  
that morning did you know that you would be meeting  
with the police?

23

24

A. I am not sure if I knew or

25





1  
2  
3 not ahead of time. Some meetings were arranged where  
4 we were left notes to meet with the police. I don't  
5 know if I knew about it ahead of time or just when  
6 I came in that day; I am not sure.

7 Q. Did you know what the reason  
8 for the meeting was before you actually met with  
9 the officer?

10 A. Well, I wasn't given specifically  
11 a reason, but I gathered it would be to discuss the  
12 other children that Susan was arrested for.

13 Q. And in fact was the discussion  
14 centred around Allana Miller?

15 A. Yes, it was.

16 Q. And was the question put to  
17 you in a general sense "Tell us what happened about  
18 the night Allana Miller died."?

19 A. Yes, it was.

20 Q. And again we have had reference  
21 to this, but if we could just go to page 6, they  
22 seem to end this interview with a question and an  
23 answer, and the question was and I quote:

24 "Did you at any time administer digoxin  
25 to Allana Miller?"

And your answer was "no".

Does that question and answer





1  
2  
3 accord with your recollection?

4 A. Yes.

5 Q. During this interview in April  
6 were you asked to - was it then that you asked  
7 whether the police officers were looking at other  
8 possibilities?

9 A. Yes, it was.

10 Q. And when you got the answer  
11 that you would be quote "surprised" at the evidence,  
12 what did you understand that to mean?

13 A. That they had had some evidence  
14 that I was not aware of, and sort of that was the  
15 end of the discussion.

16 Q. When you walked away from that  
17 interview with the police did you have any reason  
18 for thinking that they were looking for someone or  
19 interested in someone other than Susan Nelles?

20 A. Well, they seemed to have  
21 their evidence so...

22 Q. Did you have any feeling when  
23 you left that they were interested in any other  
24 individual?

25 A. No. No.

Q. During the course of a  
meeting on the Miller child were you shown any







charts?

A. No.

Q. Going back to the meeting about Cook in March, were you shown any charts?

A. No.

Q. And so during these two interviews about Cook and Miller you did not have an opportunity to do the juggling act which you did about an hour ago looking at the Miller chart on the one hand, the Cook chart on the other and the assignment book on the other hand?

A. No, I didn't have a chance.

Q. Did you during the course of that meeting about Miller in April, 1981, have any recollection of seeing Phyllis Trayner give an administration of a drug to Allana Miller?

A. If I would have thought of it I would have told them.

THE COMMISSIONER: I'm sorry. I missed that. What was that?

THE WITNESS: If I would have thought of it I would have told them.

MS. KITLEY: Q. Now notes were made at that meeting, and they have been made an exhibit. Were you given a copy of those notes at





1

2

the end of that meeting?

3

A. About Miller?

4

Q. Yes.

5

A. No.

6

Q. When did you receive a copy

7

for yourself of the notes of that meeting?

8

A. Again not until this Inquiry.

9

What date was that?

10

Q. Now the third interview was

11

on May 20th, 1981.

A. Right.

12

Q. Were you working long days

13

that day?

14

A. I believe I was. I am not sure.

15

I think so.

16

Q. I don't have the WIN sheets

17

that take us that far, but the interview apparently

18

was at 10:35 a.m. in the administrative conference

19

room.

A. Yes.

20

Q. Does that assist you in your

21

recollection as to whether you were working that day?

22

A. I was working.

23

Q. And did you know before you

24

went to work that day that you would be meeting with

25





1  
2  
3 the police?

4 A. Again it was the same situation  
5 of it being pre-arranged. I don't know if I knew  
6 just prior to going down or whether it was a couple  
7 of days before. I am not sure.

8 Q. And did you know when you went  
9 there what it was they wanted to talk about?

10 A. Again I assumed it would be  
11 Janice Estrella because that was the only other one  
12 that I was on for.

13 Q. When you went to this meeting  
14 did you leave patients on the floor or a supervisor --

15 MR. HUNT: Excuse me, Mr. Commissioner,  
16 I thought she just said she didn't know if she was  
17 on duty or not.

18 MS. KITLEY: I am sorry. I perhaps  
19 misunderstood her then.

20 Q. At the time of the meeting on  
21 May 20th, 1981, without leading too generously am  
22 I to understand that you have no recollection of  
23 whether you were working that day?

24 A. I remember wearing a uniform  
25 so I was working. Whether I worked a long day or  
short day I can't tell you.

Q. All right. And whether you





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were working a long or short day that meant that you had responsibilities on the floor?

A. Right.

Q. And during the time that you were in the meeting with the police officers what happened to those responsibilities?

A. They would be delegated to somebody else.

Q. Do you know who looked after that?

A. Probably the head nurse if I was team leader that day.

Q. When you went to this meeting were you informed at the outset that it was about Estrella?

A. Yes, I believe I was.

Q. And were you asked the then general question about tell us about Baby Estrella?

A. Yes, it was the same idea.

Q. And it doesn't appear from looking at the notes of this meeting that a specific question and answer were put to you.

Do you recall whether it was or not?

A. I don't recall, no.

Q. During the course of the meeting







1  
2 on the Estrella child were you offered the chart for  
3 Estrella?

4 A. No, I wasn't.

5 Q. To your knowledge was it in  
6 the room?

7 A. Not to my knowledge, no.

8 Q. And did I understand that it  
9 was during the course of this meeting with the police  
10 that you offered that you didn't recall Susan Nelles  
11 being on duty that night of Estrella's death?

12 A. That is right.

13 Q. And did you make that offering  
14 from memory only or had you had an opportunity to  
15 refresh your memory somehow?

16 A. No. I just made it from  
17 memory because I couldn't myself picture Susan  
18 being there at the time of Janice Estrella's arrest  
19 and I didn't make reference to the assignment books  
20 or anything like that.

21 Q. I understood you to say that  
22 you didn't get any response from the officer when  
23 you offered this piece of information?

24 A. That is right.

25 Q. And what effect did that lack  
of response have on you?





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A. That they were aware of it, so...

3

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Q. Now we know that notes were made of that meeting. Were you given a copy of the notes at the end of the meeting?

5

6

A. No. Again I didn't receive a copy till after this Inquiry.

7

8

Q. Until this public Inquiry?

9

A. Yes, public Inquiry.

9

10

Q. Then am I to understand that you had your child on July 15th?

11

A. Yes, I did.

12

13

Q. And you were off work until approximately January 4th?

14

A. Yes, I was.

15

Q. And you returned then to the seventh floor?

16

A. Right.

17

Q. On about January 4th, 1982?

18

A. Yes.

19

20

Q. And that you gave evidence commencing on January 28th, 1982 at the preliminary inquiry?

21

22

A. Yes, I did.

23

Q. Do you recall that that was a Thursday?

24

25





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A. Yes.

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Q. And I understood you to say  
that you were subpoenaed in December by John Murray;  
is that right?

6

A. Yes. Just prior to Christmas.

7

8

Q. And when Constable Murray came  
with the subpoena did you have any discussion with  
him about what your evidence would be at the inquiry?

9

10

11

12

A. No. He had just said that he  
gave - he gave me the subpoena and when I asked him  
when I would have to appear he said he would let me  
know a day in advance or as it came up.

13

14

15

Q. Did he indicate that there  
would be any meeting between you and the police  
prior to the inquiry in order to review your  
evidence?

16

17

A. No.

18

19

20

Q. Did he indicate whether  
there would be a meeting between you and the Crown  
Attorney prior to the preliminary inquiry to  
discuss your evidence?

21

22

23

24

25

A. No.

Q. Did you request such a  
meeting?

A. No, I didn't. I didn't think







1  
2 of it.

3 Q. Did you understand what would  
4 be happening at the preliminary inquiry?

5 A. I guess I knew the purpose of  
6 what the hearing was, and that was to see if there  
7 was enough evidence to go to trial, and that is about  
8 all that I really understood.

9 Q. What was the source of that  
10 piece of information?

11 A. Just my husband.

12 Q. Now when you arrived did you  
13 get there before court at 10 o'clock on the 28th of  
14 January?

15 A. I did. Just shortly before.

16 Q. And prior to attending did you  
17 do anything to prepare yourself?

18 A. Myself?

19 Q. Yes.

20 A. I read over the notes that I  
21 had made from before on Justin Cook.

22 Q. Those are Exhibit 345?

23 A. Yes.

24 Q. And did you find them very  
25 helpful?

A. Not really because they didn't





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have times or they weren't too specific actually.

Q. And were you told to be at  
the courthouse at about 10 o'clock?

A. Yes, I believe I was.

Q. What time did you arrive?

A. Just shortly before 10:00.

Q. And were you called immediately  
at 10:00?

A. No, I wasn't. There was  
somebody ahead of me and they had gone in.

Q. Was that Mrs. Christie?

A. Yes, it was.

Q. While you were waiting to be  
called what if anything did you do?

A. Well, I just waited out in the  
hallway and Detective Murray came up and he said  
I could start going over some of my statements.

Q. Did he give you copies of the  
three statements on that occasion?

A. Yes, he did. They were bound  
in a book and I just started to read them and I  
wasn't really capable of reading them very well  
because I was nervous.

Q. Did Murray give you anything  
else to do while you were sitting in the hall?





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A. There wasn't very much time because I don't even think I got one statement finished. They are short but I don't think I finished it and then it was my turn to go in.

Q. And while you were out in the hall did you speak with either Mr. Magee or Mr. Wiley?

A. No. They were in the court room.

Q. And so when you took the witness stand was that the first time you had any oral contact with Mr. Magee?

A. That was the only contact at all.

Q. Am I correct that you were on the witness stand for part of Thursday morning, part of Thursday afternoon and then part of the following Monday?

A. That is right.

Q. And there was then a lunch hour between the morning and the afternoon on the Thursday. Did you speak with the police during the lunch hour?

A. No, I didn't.

Q. Did you speak with the Crown Attorney during the lunch hour?

A. No, I didn't.





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Q. When you were giving evidence on the 18th of January, and subsequently on February the 1st, were any of the charts shown to you while you were in the witness stand, in the sense, were you asked to read out medications?

A. No.

Q. Or vitals?

A. No, I was not given any charts.

Q. And am I correct that it was during the course of your evidence that you indicated you had made the notes which we have now marked as Exhibit 345, you told the Court that?

A. Oh yes, yes.

Q. And in fact you were directed at the end of the day to bring them with you on your subsequent attendance?

A. That's right.

Q. And did you do so?

A. Yes, I brought them with me on Monday.

Q. Now you then finished your evidence on the Monday; and can you tell me during the time that you were giving evidence on the Thursday and the Monday, what was your attitude about giving evidence?







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A. Well, I was anxious about the whole process, I didn't really have an understanding of what was going on and I had an uneasy sense about it as well because it didn't seem that they had the evidence that they were talking about that had been mentioned earlier.

Q. What do you mean by "mentioned earlier"?

A. That Detective Murray had made reference to, and also they have made reference to the area that I was employed in January, and that there was something else going on in another area of the hospital and they somehow connected the two, and I felt very uncomfortable about that reference as well.

Q. Are you referring to the transcript of your examination at the preliminary which is found in Volume 7, starting at page 653?

MS. CRONK: May we just hear the witness as to what the discussion was?

THE COMMISSIONER: Yes.

MS. KITELY: Q. Was the discussion, Mrs. Bell, that you have just referred to about something going on on the 7th floor?

A. There was reference made to the





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ward that was just adjacent to the ward that I was now working on, and that there were a number of children who had died on that ward and that they had closed down the ward. They had asked sort of where I was working in conjunction to that ward. It was whether I knew what the cause of these children's deaths were, and I had no idea what it was at the time, I had just got back to work and I was still on orientation, I hadn't even actually started working. Reference was made to whether the cause of death could be attributed to digoxin.

Q. What effect did that questioning have on you?

A. Well, I was very upset by it, that is what reference was made, and the fact that I was back at work and something was happening on the 7th floor.

THE COMMISSIONER: Is this the Jonathan Murphy problem?

THE WITNESS: No sir.

THE COMMISSIONER: It is something else, is it?

MS. KITELY: Yes. Perhaps Miss Cronk can help me with the drug, the epinephrine.

MS. CRONK: It is Jonathan Murphy.





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THE COMMISSIONER: Yes, it is

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Jonathan Murphy.

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MS. KITELY: I am sorry, sir.

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THE COMMISSIONER: That is the one

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where the baby died with something else instead of  
vitamin E.

7

MS. KITELY: That is right, sir.

8

THE WITNESS: That was Jonathan Murphy.

9

THE COMMISSIONER: You were never in

10

that ward?

11

THE WITNESS: No.

12

MS. KITELY: Q. At any rate you

13

were asked questions about what was happening to  
children on the 7th floor?

14

A. Right.

15

Q. And you were asked these

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questions during the course of your examination at  
the preliminary inquiry?

17

18

A. That's right.

19

Q. And have you since had a chance

20

to look at your evidence of the preliminary inquiry?

21

A. I have.

22

Q. And it is found at Volume 7,

and I am referring you to page 653, at the bottom.

23

THE COMMISSIONER: I am sorry, I don't

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have a 653, are you sure it is 653?

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MS. KITLEY: 1653, I am sorry, sir.

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Q. At the bottom of the page and

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about half way into the next page, is that the

6

evidence about which you were asked at the preliminary  
that you were just referring to?

7

A. Yes, it is.

8

Q. I have asked you a few moments

9

ago about your attitude at the preliminary inquiry.

10

What effect, if any, did this evidence at pages 1653

11

and 1654 have on you?

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A. It just frightened me the more

13

because I didn't understand this whole process, and I

14

didn't understand the reference that they were making,

15

or why they were making that reference to where I was

16

working now, so it just - all it did was frighten me  
further.

17

Q. Am I correct that after Susan

18

Nelles was charged with the four charges that there was

19

arrangements made in the hospital for the nurses on

20

your ward to see a Dr. Wehrspann?

21

A. Dr. Wehrspann, yes.

22

Q. And he is psychiatrist?

23

A. Yes, at the hospital.

24

Q. And am I correct that the meetings

25





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with him started somewhere in April, or May, of 1981?

3

A. Yes, I believe they did.

4

Q. Did you attend with Dr. Wehrspann

5

more or less weekly until you left on maternity leave?

6

THE COMMISSIONER: May 1981, is it?

7

MS. KITLEY: Yes, May 1981.

8

THE COMMISSIONER: Yes, all right.

9

THE WITNESS: Yes, more or less.

10

MS. KITLEY: Q. And after your

11

maternity leave was over and you returned to the

12

hospital in January, did you resume the meetings with

13

Dr. Wehrspann?

14

A. I had gone to a couple of

15

meetings, I wasn't attending them in any regular

16

fashion.

17

Q. What did you understand was the

18

purpose of these meetings?

19

A. Well, just trying to - well,

20

just prior to the preliminary hearing it was just

21

dealing with the stress of having to appear at the

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preliminary hearing and to deal with any other stresses

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from work.

24

Q. And were you at a meeting in

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which some concern was expressed about meetings taking

place?





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A. There was, I can't place the exact time it may have been, I believe it was when I got back from maternity leave there was a reference made to a nurses' meeting and --

Q. Could you be more specific Mrs. Bell, who made what reference?

A. Well, apparently the police had called and said, made some reference to charges of collusion.

Q. And how did this information come to you?

A. Well, this was passed down the line, I believe it went to Ann Evans and then it went to Mrs. Radojewski and she brought it up at a meeting.

Q. At which meeting?

A. At one of the ward meetings, I am sorry, one of our meetings with Dr. Wehrspann.

Q. What was your reaction to the possibility of collusion arising out of these meetings with the psychiatrist?

A. Well I was upset at the reference made that we were - that this is what we were doing at these meetings, and very upset that they thought that was the purpose of our meetings and it was not the purpose of them at all.







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Q. Now, Mr. Hunt suggested to you that at a certain point your attitude changed from not volunteering the information to open hostility, do you remember that suggestion?

A. Yes, I do.

Q. Let me ask you, to your recollection were you at any time openly hostile towards the police or the Crown attorneys?

A. I don't believe I was openly hostile. I believe I was more upset by the whole process and more frightened by the whole process more than anything. Perhaps upset at how that investigation had gone and actually how the preliminary hearing had gone as well.

Q. Did you up until the end of your participation in the inquiry have an attitude of not co-operating with the police?

A. I am sorry, until the inquiry?

Q. Until the end of your participation in the inquiry, not the end of the inquiry, the end of your participation in the preliminary inquiry, did you have an attitude of not co-operating with the police?

A. No, I didn't.

Q. I understood you to say in







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response to Mr. Hunt that you were, and I am quoting:  
"unhappy about the circumstances of the inquiry". Were  
there any other circumstances that you can recall other  
than what you have just told us that caused you to be  
unhappy?

6

A. Not that I can think of right  
now.

8

Q. It was after you gave the better  
part of two days of evidence that you received this  
telephone call in March of 1982, is that correct?

10

A. Yes, that is correct.

11

Q. And we have heard evidence that  
there was the suggestion that you might meet with the  
police again and you declined, is that correct?

12

13

A. That's right.

14

Q. Why did you react in that way?

15

A. Again I was upset and frightened  
from the whole process, from the preliminary hearing,  
and I just couldn't handle going over charts at that  
point, I just couldn't handle it.

16

17

18

19

Q. We have heard evidence that in  
fact you did go over charts in August of 1982 at the  
request of the police?

20

21

A. Yes, I did.

22

Q. Now between the March phone call

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from the officer and the August meeting, did you become aware of the results of the preliminary inquiry?

A. Yes, I did.

Q. And what was your reaction to the discharge of Susan Nelles?

A. Well, I was glad that she had been discharged, but on the other hand it left a lot of unanswered questions and why Susan had been arrested, et cetera, and why the whole process was left to go as far as it had. I found it frightening as well. Also there was - I understood Dr. Wehrspann was called to the preliminary hearing as well and discussed what we had said, and I found that upsetting and the fact that again there was reference made to what we were discussing, our evidence at these meetings.

Q. Why were you disturbed about Dr. Wehrspann being called as a witness at the preliminary?

A. Well, the idea that --

THE COMMISSIONER: Dr. Wehrspann, is he the psychiatrist?

MS. KITLEY: Yes sir.

THE WITNESS: The idea that we had gone to the preliminary hearing to answer questions and we couldn't understand, or I couldn't understand why





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Dr. Wehrspann would be called when all he would be dealing with is us and our feelings at the time and the stresses and that, and why they felt it necessary to call him at all when he was not actually involved, he was involved with us dealing with the stresses.

MS. KITLEY: Q. Now I would like to deal with the meeting in August, I gather on that occasion there were two officers present?

A. Yes, there was.

Q. To your recollection was that meeting taped by the police officers?

A. He had asked if he could tape it and I said fine.

Q. And I understood you to say that you looked at as many as 40 charts during the time that you were with them?

A. I believe it was about that many.

Q. Am I correct that that was a day that you were working?

A. Yes, I was.

Q. And did you know before the day in question that you would be meeting with the police?

A. Again it was the same situation where it was set up by someone else and I didn't - I don't know if I learned of it that day, perhaps my last







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Q. And you were then in 7A, and am I correct that the definition of constant nursing care in 7A is a little different than what we have been hearing about in these proceedings?

A. It is a bit different, yes.

Q. And that in fact the room in which you were on on the day of this police interview was one in which you were supposed to be administering constant nursing care?

A. There was two of us in the room and it is an infant room and a bit different from what we have been discussing that you will have more than one patient, but children are not left in the room alone.

Q. Am I correct that on 7A there is as many 6 or 7 in a room?

A. Yes.

Q. And two RN's would be in charge?

A. Or one RN and one RNA depending on the staffing.

Q. On the day that you had this interview with the police you had three infants as your responsibility?

A. I believe so, yes.





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Q. And when you left the ward for this interview with the police did you have any idea who would be covering for those three infants?

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A. There was other people that were to be covering but there was nobody specific to take my patients.

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Q. Did you have concerns about that?

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A. Well that work, you know, still had to be done and I would have to do whatever was not done in my absence.

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Q. And when you met with the police and you had these charts, did they tell you before you started flipping through them what they expected you to look for and find?

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A. No. There was just, as I would - as they would hand me a chart they would ask if there was anything I could remember about this child. I would basically read the name and if something didn't come to mind right away with reference to the child's name, they really didn't get into looking through the charts very carefully.

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Q. Why not?

A. I guess I felt - well, I felt some pressure to get through them and that could be attributed to a number of reasons, whether I wanted to get back to the ward or just the whole atmosphere of the interview.

Q. During the course of this meeting with the charts, was your attention directed to the Cook and the Miller charts?

A. No.

Q. Were you specifically asked to look at the Medication and Treatment records and the flow sheets the way you did here this morning?

A. No.

Q. Did you feel you had an opportunity to look with that kind of detail at any of these charts?

A. I guess again I felt the pressure and I don't know if it had to do with the number of charts that I had to deal with or whether I felt that and it was uncalled for, I don't know, but I know what I felt at the time and I didn't feel I could really carefully go over each chart.

Q. And do I understand that at some point in time the interview ceased being taped?





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A. Yes, it did.

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Q. And do you recall what happened at that point in time?

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A. They had made reference to a chart that they had drawn up.

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Q. What was on the chart?

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A. On the chart was a list of nurses and a list of the babies that had died on 4A or 4B and there was some correlation made between some nurses and some of the children that had died.

11

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Q. And did either of the officers ask you any question about this chart?

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A. Well, they had asked what I could make of this chart and basically I said that it represented what nurses worked when what children had died and they had asked the same question again and I repeated the same answer.

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Q. And how long was the tape off, to your recollection?

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A. Well, it was off while we were commenting on that chart.

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Q. But was that the smallest part of your interview with the police?

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A. Yes, it was.

Q. Now, Mr. Hunt has suggested to







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you that at this time you were, and I'm quoting,  
"surly, sulky, nervous and indicating you couldn't  
help the police". I think in your evidence the other  
day you denied that you were "surly and sulky", but  
suggested that you might have been nervous. Could you  
explain that?

A. Well, again, the nervousness  
would stem from the whole process that I had been  
involved with, with the preliminary hearing and not  
really knowing what was going on or what anybody was  
leading to. So, I guess you could say I was nervous.

Q. And did you feel on that  
occasion that you couldn't help the police?

A. During the tape?

Q. Yes.

A. I guess I could help them to a  
point but I was nervous.

Q. Now, am I correct that you next  
heard from Officer Low on November 16th?

A. Yes, that's right.

Q. And that was when he came to  
your house?

A. Yes, he and another officer came.

Q. And am I correct that he tele-  
phoned from the vicinity and said he wasn't very far





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away could he drop by?

A. Yes, and he said it would only  
be a few minutes.

Q. And did you agree?

A. I did.

Q. And did he come?

A. Yes, he did.

Q. And was the topic of discussion  
on that occasion about the Ward Clerk Fernandez?

A. Yes, it was.

Q. And how long did he remain at  
your house?

A. I don't think that it was more  
than a half an hour.

Q. And did you answer the questions  
he put to you on that occasion?

A. Yes, I did.

Q. Did you have some concerns about  
him coming to your house on that occasion?

A. The only concerns I had was that  
my children were still awake and my son was still awake  
and they needed to be settled and again a visit from  
the police is upsetting.

Q. And then you next heard from  
them on January 10th, 1983?





L. 5

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A. Yes, that's right.

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Q. That's the situation in which

4

you were on the ward?

5

A. Yes, that's right.

6

Q. Am I correct you were working

long nights?

7

A. I was working long nights, that's

8

right.

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Q. And when you got to the ward

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there was a note asking you to call them?

11

A. Well, the note said that if I

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had a chance to call the police because they wanted

13

to speak with me again.

14

Q. And did you call them?

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A. Well, I had just gotten to the

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ward and I was in report, and they came about 20

17

minutes after 7 and the room where I was getting

18

report in had a very chaotic day. So, I was right in

19

the middle of report. When they came to the ward

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somebody had come to get me and I had gone to speak

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with them.

Q. Did you speak with them at the

22

nurses' station?

A. Yes, I did.

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Q. And how had they introduced

24

themselves?

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L.6

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A. Well, I had met them before.

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Q. Well, how did they introduce themselves to the person who came to fetch you?

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A. Well, two of them had come up to the ward and they had shown their badges to the person that came to get me and they said that they wanted to speak with me.

8

9

Q. And were you told that?

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A. Yes, I was.

Q. And what was your reaction to that?

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A. I was upset that two of them felt the need to come up to the ward, I felt a phone call would have been sufficient.

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Q. And did you speak with the officers that evening on the ward?

A. I said that I couldn't speak with them that evening because I was very busy and that if I was to speak with them I would have to get somebody to take my place because there would be no way that the other person in the constant care room could handle the full load for even a short period of time. So, he suggested getting a supervisor and I said that I would and I was just on my way to phone to see if a supervisor could get a relief person in





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and they got very upset and said that they would speak with our Nursing Director about this happening and I said that was fine and then they said, they gave me a list of pages of questions and they asked me if I could look at them and answer them and get back to them or they would get back to me within a week.

8

Q. And do you remember approximately how many pages of questions there were?

9

10

A. Well, there were spaces between the questions, so, there was at least ten pages.

11

12

Q. Do you have the questions any more?

13

14

A. No, I don't. I had returned the questions to them about a week later when they had come to my house.

15

16

Q. Well, before we get to that. Did you keep a copy of what you gave back to them?

17

18

A. No, I didn't.

19

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Q. All right. Now, I am still on the conversation on the floor on January 10th when they brought the list of questions to you. Did they ask you why they wanted to meet with you again?

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A. They said that they wanted to go over some of the charts that I had gone over before and I suggested that perhaps we could sit down and





L.8

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go over the tapes and perhaps that could be helpful  
in remembering some things, the tapes from August.

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Q. Was it your suggestion to listen  
to the tapes?

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A. Yes, it was.

7

Q. And what did they say to that  
suggestion?

8

9

A. Well, they said that the tapes  
were useless, they were no good.

10

Q. Did they tell you why?

11

12

A. I gather because of the problem  
with the tapes, they didn't turn out or whatever.

13

14

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Q. Now, since you don't have the  
questions you can't tell us specifically what they  
said, but can you give us a general idea of the  
content of the questions?

16

17

A. They had asked questions about  
the children that they were investigating.

18

19

Q. Do you recall which children?

20

A. No, there was a large number  
that they were referring to.

21

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Q. What else?

A. And they had asked some sort  
of questions about personalities of other people on  
the ward.







L.9

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Q. Do you remember what the last question was, Mrs. Bell?

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A. The last question was did I feel I needed an attorney.

6

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Q. And what was your reaction to that question?

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A. Well, I felt uncomfortable with that in that they made reference to my needing attorney and I had asked them on a subsequent meeting if they felt I did and they said again, do you feel like you do and we were at an impasse I felt, very uncomfortable with that thought.

13

14

Q. And I understand about a week later they came to your house?

15

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A. Yes, they did.

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Q. And picked up the questions?

A. Yes, they did.

Q. And have you seen either of those officers since that time in January until this Inquiry started?

A. No, I haven't.

Q. Now, dealing with this Inquiry, am I correct that you have had an opportunity to look at the material a little differently than you did at the preliminary?







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A. Well, I have met with either you or your other partners and I have met about six times and I have had an opportunity to go over the charts in quite some detail.

Q. Am I correct that there have been about six occasions since, say, December in which you have had the opportunity to look at all of the 36 charts that are before this Inquiry?

A. Yes.

Q. And when you looked at the charts, what did you do?

A. Well, I pretty well went over each page of the chart, over the progress notes, over the Medication and Treatment Records, the admitting sheets, the discharge sheets, or whatever.

Q. And did you also have the opportunity to look at the communications books?

A. I had an opportunity, yes, to go over the communications books.

Q. And did you do so?

A. Yes, I did.

Q. And what about the meeting books?

A. Yes, I did.

Q. And does that include both 4A and 4B communications books?





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A. Yes.

Q. And 4A and 4B meeting books?

A. Yes.

Q. And were those of any assistance  
in refreshing your memory?

A. They helped place times and  
situations a bit easier and would bring some other  
situations to mind.

Q. And did you also have a chance  
to look at the evidence that you gave at the preliminary  
inquiry?

A. Yes, I did.

Q. And you had a chance to look at  
the three statements?

A. That's right.

Q. And did you have a chance to  
look at the WIN sheets to assist you on when you were  
on duty?

A. I looked at the WIN sheets and  
the assignment books and in looking at the assignment  
books in some situations it would help to place who  
was looking after what child and it would help to  
place the child a bit better as well.

Q. And am I correct that you also  
had an opportunity to look at some of Dr. Rowe's  
evidence?





L.12

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A. Yes.

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Q. And you saw the chart that he

4

made on many of the babies?

5

A. Yes.

6

Q. I'm sorry, not the chart but the

diagram?

7

A. The diagram, yes.

8

Q. And did you see a summary of

9

his evidence?

10

A. Yes, I have seen some summaries

11

of evidence of most of the people that have been at

12

the Grange Inquiry.

13

Q. And was that of assistance to

you in refreshing your memory?

14

A. Yes, of course.

15

Q. And having had several oppor-

16

tunities to review all of these documents, am I correct

17

you then met with Ms. Cronk?

18

A. Yes, I did.

19

Q. You met twice with her?

20

A. Yes, Monday and Tuesday.

21

Q. On January 30th?

22

A. Yes.

23

Q. In the evening from about 4:30

24

to about 8:15?

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A. About that, yes.

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Q. And again the next night,  
Tuesday, January 31st from about the same time?

5

A. Yes.

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Q. Am I correct that during the  
time you met with Ms. Cronk you answered any of the  
questions she put to you?

8

A. Yes, I did.

9

10

11

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Q. And that it was one of the  
questions she put to you that caused you to answer  
about seeing Phyllis Trayner administer the digoxin,  
is that correct?

13

A. Yes, it is.

14

THE COMMISSIONER: I'm sorry, that  
certainly was not what she said.

15

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MS. KITLEY: I said digoxin, sir, I  
think I've got digoxin on the brain, either that or it  
is almost lunch time. I will put the question again.

18

19

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Q. Was it during the course of the  
second interview with Ms. Cronk that you answered one  
of her questions to describe having seen Phyllis  
Trayner administer a drug?

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A. An antibiotic, yes.

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Q. To Allana Miller?

A. Yes.





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Q And you just said an antibiotic;  
is it correct that you assumed it was an antibiotic?

A Yes, that is correct.

Q Has there been any effort on  
your part to knowingly withhold any information from  
the police?

A No.

Q From the Crown Attorney?

A No.

Q From Judge Vanek?

A No.

Q From Ms. Cronk or Mr. Lamek?

A No.

Q From Mr. Justice Grange?

A No.

Q Anyone else?

A No.

MS. KITELY: Those are all my questions,  
sir.

THE COMMISSIONER: All right, thank  
you, Miss Kitley.

What do you think, Miss Cronk?

MS. CRONK: Sir, I am certainly  
prepared to start now but clearly I won't be finished  
by lunch.





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THE COMMISSIONER: No.

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MS. CRONK: Might I suggest that if we break now for lunch we will return ten minutes earlier.

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THE COMMISSIONER: Yes, all right. Well, what about twenty minutes past two?

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MS. KITELY: Sir, before we do, your direction to Mrs. Bell on Thursday was that she was not to talk to me before Monday morning. Am I to understand that she and I are still under that restriction until Ms. Cronk finishes?

12

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THE COMMISSIONER: I think so, and Miss Cronk is under the same restriction until the evidence is finished.

14

15

MS. KITELY: But it is until the end of the evidence is it, sir?

16

17

THE COMMISSIONER: Oh, yes, until the end of the evidence.

18

19

MS. KITELY: I just wanted to be clear, sir.

20

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THE COMMISSIONER: Yes, thank you.

MS. KITELY: Thank you, sir.

22

THE COMMISSIONER: Twenty past two then.

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--- Luncheon recess.

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2 --- Upon resuming at 2:20 p.m.

3 THE COMMISSIONER: Yes, Miss Cronk?

4 MS. CRONK: Thank you, sir.

5 RE-DIRECT EXAMINATION BY MS. CRONK:

6 Q. Ms. Bell, I have a number of  
7 questions arising out of the cross-examination last  
8 week and then the re-examination this morning, but  
9 I will try to be as brief as possible.

10 Could I ask you first if you would,  
11 please, to look at Exhibit 53 which is the medical  
12 chart of Dion Shrum, which I think is beside you  
13 there. No, it's not.

14 As I understood it this morning, it  
15 was suggested to you that Dion Shrum was one of the  
16 children in respect of whom a do not resuscitate  
17 order had been made. Do you recall that discussion?

18 A. Yes, I do recall.

19 Q. Could I ask you to turn if you  
20 would, please, to page 42 of the medical record.

21 A. Yes, I have it.

22 Q. At page 42 we see the arrest  
23 note which appears to have been made by Dr. Schafer?

24 A. Yes.

25 Q. I draw your attention to the  
fourth and fifth last lines of the arrest note. As







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I read it it is recorded that a resuscitation effort was undertaken, that it was attempted for 45 minutes with no response. Is that correct?

A. That is right.

Q. Does that note suggest to you that indeed there was a resuscitation effort taken on this child?

A. Yes.

Q. Do you have any recollection as to any do not resuscitate order that may have been in place at any time?

A. No. No.

Q. All right. Thank you.

It was also suggested this morning during your discussion with Miss Kitley as I recall it, and this had to do, Ms. Bell, with the administration of gentamicin to Allana Miller at 1:00 in the morning - you will recall that?

A. Yes, I do.

Q. And obviously you will recall that the notation made on the medication treatment record for that child indicates that Susan Nelles signed against the entry for the drug having been administered at that time?

A. Right.





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Q. As I understood your evidence this morning you suggested that it was possible, although certainly not an encouraged practice, but it was possible that a nurse could sign off on a medication before it had been given.

A. Yes.

Q. Do you recall that?

A. Yes, that is right.

Q. Do you have any knowledge one way or the other, Ms. Bell, as to when in fact that medication was signed out?

A. No, I have no idea.

Q. So you have no basis to suggest that in this particular case it was in fact signed off before it had been given?

A. No, it could be either way.

Q. There was also a discussion this morning, you recall Miss Kitely took you back to certain of the questions that Mr. Percival had asked you with respect to mercy killing or euthanasia.

A. Yes.

Q. Do you recall that?

A. Yes.

Q. Ms. Bell, would it be fair of me to suggest that for any nurse watching a child die





1  
2 with a 'do not resuscitate' order in place is a  
3 very upsetting experience?

4 A. Yes. Definitely.

5 Q. And I assume that in that  
6 situation even for a most experienced registered  
7 nurse it is very difficult to sit by doing nothing  
8 to try to prolong the child's life?

9 A. Yes, definitely.

10 Q. And that I assume - I could go  
11 so far as to suggest runs counter to an experienced  
12 nurse's training and orientation; that is to do  
13 nothing in the place of a child dying?

14 A. Yes, it is.

15 Q. If that in itself is difficult  
16 and upsetting, can you even contemplate, Ms. Bell,  
17 taking active steps to end a child's life?

18 A. No.

19 Q. That would be something  
20 enormously difficult for you personally to contemplate?

21 A. Yes, definitely.

22 Q. As I understand what you told  
23 both Mr. Percival and Miss Kitely, however, there  
24 were discussions that you can recall on Wards 4A/4B  
25 concerning mercy killing and concerning 'do not  
resuscitate' orders; is that correct?







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A. Yes. Mostly on the idea of 'do not resuscitate', and then it might be mentioned about mercy killings but the discussions were mainly about not resuscitating and how to deal with that. Like we don't have any formal kind of preparation for those type of orders; there is nothing in nursing school to prepare us for that.

Q. All right. And I appreciate that. And on those occasions when in fact the subject did come up and the matter was discussed, I take it that as a natural corollary to discussion about a 'do not resuscitate' order there were as well discussions generally about euthanasia or mercy killing?

A. Yes.

Q. During the course of those discussions did you, Ms. Bell, express your own personal repugnance as you have just expressed it to us for the idea of deliberating killing any child?

A. Yes.

Q. Do you recall during the course of any of those discussions any individual expressing a contrary view?

A. I believe most of us had the same view that it would be repugnant to all of us





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to actively stop somebody's life.

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Q. Well, do you remember anyone

during the course of those discussions, and for  
whatever reason that there might be circumstances  
it would be appropriate to take active steps to  
end a child's life?

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A. No.

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Q. There was discussion this

morning as well concerning the taking and recording  
of vital signs on Allana Miller. Do you recall that?

11

A. Yes, I do.

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Q. And your attention was drawn

by Miss Kitely specifically to the flow chart in the  
medical record of Allana Miller where the various  
times are set out and the vital sign readings are  
recorded beside the various times. Do you remember  
that?

17

A. Yes, I do.

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Q. As I understood what you said

this morning you thought in reviewing those times  
that it was possible that the entry for 2200 hours  
or 10 o'clock at night must have been yours, and  
you similarly suggested that the entry for 11:45  
that night might have been yours but you were  
uncertain as to whether or not the one taken at





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2  
3 11 o'clock was yours.

4 Do you remember that?

5 A. Yes, I do.

6 Q. Do you remember specifically  
7 being asked to look at those times?

8 A. Yes, I do.

9 Q. You may recall, Ms. Bell,  
10 that during your prior evidence, and specifically  
11 your discussion with me during your examination in  
12 chief, that I took you as well to the flow sheet on  
13 Allana Miller, and this is found, Mr. Commissioner,  
14 at Volume 99, page 2356. I don't think you are going  
15 to need the transcript, Ms. Bell, but I would like  
16 to refresh your memory as to this passage.

17 I directed your attention to the  
18 flow chart and I asked you whether or not starting  
19 at midnight you could recognize the handwriting for  
20 any of those entries. I suggested specifically at  
21 midnight or 2400, and you answered "It could be  
22 Phyllis' writing".

23 I then asked you this question:

24 "Q. Can you recognize the handwrit-  
25 ing at 2345, 11:45 p.m.?

A. It could be mine, and it could  
be Phyllis' as well.





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2

"Q. And at 1:30 in the morning?

3

A. 1:30? That could be Phyllis'.

4

Q. It is very difficult to tell  
without a signature?

5

6

A. It is. Yes, it is.

7

Q. With any degree of certainty  
can you recognize any of these entries?

8

9

A. No."

10

I take it that your evidence was true then?

11

A. Yes.

12

Q. And your answers were true to  
the best of your ability in that exchange?

13

A. Yes.

14

Q. Sitting here today are you in  
any better position to identify any of those entries?

15

16

A. No, not really.

17

Q. And is there any certainty  
in your mind at all at which of those entries if  
any are your own?

18

19

A. There is no certainty, no.

20

Q. You were also asked this  
morning by Miss Kitley with respect to the various  
times that you were called upon or did in fact go  
into Allana Miller's room the night that she died.  
Do you recall that?

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A. Yes, I do.

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Q. And it was suggested to you by Miss Kitley as I recall it that it was more likely that you would have been in Allana Miller's room after 11:00 p.m. because Susan Nelles, according to the notes that were looked at, was very busy starting at 11 o'clock.

Do you recall that?

A. Yes, I do.

Q. And I think your answer to that was yes.

A. Yes.

Q. Do I have that correctly?

A. Yes.

Q. I would like to review with you again if I may the times when you have told us you were in that child's room.

It was suggested to you last week by Ms. Forster that the first time you saw Allana Miller was shortly after 9:00 p.m. Friday night. Do you recall that?

A. Yes.

Q. And you agreed with her, as I recall it, that that was likely so?

A. Yes.





1  
2  
3 Q. I would like to be clear about  
4 the timing if we can for that first visit and for  
5 the others, because as I recall your prior evidence  
6 before the Commissioner (and this is found, sir, at  
7 Volume 99 again, page 2332).

8 You told me - this was Tuesday of  
9 last week, Ms. Bell - that although you couldn't  
10 pinpoint an exact time it would be some time after  
11 9:00 or 9:30 that evening that you first went into  
12 Allana Miller's room.

13 Do you recall that?

14 A. Yes, I do.

15 Q. All right. And at page 2332  
16 I asked you specifically what it was that made you  
17 think you had been in her room around 9:00 or 9:30  
18 that evening, and your answer was, and I quote:

19 "A. Because by the time I got  
20 report and made rounds on 4B and there  
21 was a few other things I did on 4B,  
22 I don't believe I was at the desk  
23 until about 9:30."

24 Do you recall that evidence?

25 A. Yes, I do.

Q. You told us previously as I  
recall it that the first thing you did at night when





1  
2 you reported for a long night shift of duty was to  
3 take report.

4 A. Or count narcotics, yes.

5 Q. All right. And where in  
6 circumstances the first thing you did was to take  
7 report you have told us that that could last any-  
8 where from 20 to 40 minutes?

9 A. Yes.

10 Q. And then if you hadn't already  
11 done it you would take the narcotic count and you  
12 have told us that would take 2 to 3 minutes?

13 A. Yes, that is right.

14 Q. You have told us you would  
15 then check the patient assignments for Ward 4B?

16 A. Yes.

17 Q. And that I assume would take  
18 several minutes to find out which nurses had been  
19 assigned to which particular patient?

20 A. Yes.

21 Q. And then you do your own rounds,  
22 and you have told us that could take up to approxi-  
23 mately an hour?

24 A. Yes.

25 Q. And I take it that you did  
in fact do all of those things on the night that you







1  
2 reported for duty the night Allana Miller died?

3 A. Yes.

4 Q. Do you recall as well telling  
5 us, Ms. Bell, during your examination in chief that  
6 as a general matter the first time at night that you  
7 as a team leader would be at the nursing station for  
8 the purposes of completing your NARvel sheets or  
9 reviewing medications would be approximately 10 o'clock  
10 at night. Do you remember that?

11 A. Yes.

12 Q. Well, in light of that evidence  
13 and your reconstruction of what your general duties  
14 were at night, would it be fair of me to suggest  
15 that the first time that you got to the nursing  
16 desk on the night that Allana Miller died could well  
17 have been between 9:30 and 10 o'clock at night?

18 A. Yes, that is true. Also we  
19 have patients in the centre corridor so I could  
20 be at the desk and passing through the nursing  
21 station and going to the centre corridor as well.

22 Q. Well, to be clear on it as I  
23 understood your evidence last week when I asked you  
24 what time it was that you first saw Allana Miller  
25 you indicated the time at 9:00 or 9:30 in reference  
to the time when you first got back to the nursing station





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to begin your paperwork.

A. Yes.

Q. And I take it in reconstructing the events it is possible then in light of your general duties that that in fact was between 9:30 and 10 o'clock?

A. Yes.

Q. And you have told us at that time you heard Allana Miller's monitor and you went in her room?

A. Yes.

Q. And you have told us that the second time you saw Allana Miller was within one hour of having seen her the first time. Do you recall that?

A. Yes.

Q. And if the first time then was between 9:30 and 10 o'clock I take it that it could well have been between 10:30 and 11 o'clock that you saw Allana Miller the second time?

A. Yes, it could have been.

Q. And you will recall from the medication treatment record on Allana Miller that a dose of ampicillin is recorded as having been given to that child at 11 o'clock at night by Susan Nelles.





1

2

Do you remember that?

3

A. Yes, I do.

4

5

Q. And you have told us as I understand it that you did not see Susan Nelles administer that medication at 11 o'clock?

6

7

A. That is right.

8

9

Q. So we know that the second time you were in Allana Miller's room was not at 11 o'clock. All right. Is that fair?

10

11

A. That is fair.

12

Q. But some time between 10:30 and 11:00 by that reconstruction?

13

A. Yes.

14

15

Q. And you have told us as well over the course of your evidence these many days that the third time you saw her was prompted again by the monitor going off. Do I have that correctly?

16

17

A. Yes.

18

19

Q. And you were asked specifically by a number of counsel about this third visit, and at Volume 99, at page 2341 - I think we should start there, Mr. Commissioner.

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21

22

THE COMMISSIONER: Yes. I haven't unfortunately - are you going to be reading substantially from that?

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MS. CRONK: I am, sir. Perhaps I  
could get you a copy.

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Q. Ms. Bell, you recall that you  
told the Commissioner it was at the time of this  
third visit to Allana Miller's room that you saw  
Phyllis Trayner administer a medication into her  
buretrol. Do you recall that?

9

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A. Yes, I do.

Q. I asked you, starting at page  
2341:

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"As best you can recall it, Ms. Bell,  
did this occur before midnight or  
after midnight?"

14

And your answer was:

15

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"I can't place it exactly, I believe it  
was anywhere between 11:00 and 1:00."

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I then reviewed with you the timing  
as I then understood it of your first and second  
visits to that child's room, and asked you whether  
or not those times helped you place the time - I will  
read the question at the bottom of the page:

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"Does that help you at all in determining  
what time it was that you went back  
into the room for the third time when  
Mrs. Trayner was there?"







1  
2  
3 And you answered:

4 "The only thing that I can recall that  
5 might place the time is that I saw  
6 Susan going down with Justin Cook  
7 to the echo lab."

8 Do you recall that evidence?

9 A. Yes, I do.

10 Q. And I suggest to you, Ms. Bell,  
11 that at that time in your evidence you were clear  
12 that the two events were connected?

13 A. I thought they were, yes.

14 Q. All right. Then could I ask  
15 you to turn, please, if you would to page 2377. Do  
16 you have that?

17 A. Yes, I do.

18 Q. And I asked you a similar  
19 question again, Ms. Bell. I asked you:

20 "You have told us here that as best  
21 you can now recall it you went into  
22 that room and saw those events shortly  
23 after you had seen Susan Nelles on  
24 her way to the echo lab with Justin  
25 Cook?

A. That's right."

Do you see that?





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A. Yes, I do.

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Q. I suggest to you, Ms. Bell,  
you were also quite clear at that time in that  
part of your evidence that the two events were  
connected?

7

A. Yes.

8

Q. Is that fair?

9

A. Yes.

10

Q. I'm sorry, I didn't hear your  
answer.

11

A. Yes.

12

Q. Thank you.

13

14

15

Could I ask you now to turn, please,  
to page 2379 of the transcript, and at that page  
you were asked this question, Ms. Bell:

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"In your own mind today can you fix  
the time at which you saw Phyllis  
Trayner administering that medication  
into the buretrol?

19

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A. It seemed like it was twelve  
o'clock but I can't be sure.

21

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Q. And in your own mind today as  
well it was close to the time when  
you saw Susan Nelles leaving to take  
Justin Cook to the echo lab?

A. It seemed to be, yes."





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I suggest to you, Ms. Bell, that you  
were again very clear that the two events were  
connected?

5

A. Yes, I was.

6

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Q. And as well you said to the  
Commissioner in that part of your evidence that you  
thought it was midnight?

9

A. Yes.

10

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Q. And you went on to tell the  
Commissioner, and perhaps you will recall this, that  
it was in fact within one minute of having seen  
Susan Nelles heading for the echo lab with Justin  
Cook that you entered Allana Miller's room and  
saw Phyllis Trayner administering that medication.

15

Do you recall that?

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A. Yes, I recall that.

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Q. And indeed on the 21st, I am sorry, on the 31st of January of this year when you met with Commission staff you told Commission staff that you thought it was about midnight when you saw Phyllis Trayner administering that medication into Allana Miller's buretrol, is that correct?

A. Yes, it is.

Q. And you told the Commissioner as I understand it that you saw Susan Nelles on the way to the Echo lab as she was headed in that direction along Ward 4B with Justin Cook, is that fair?

A. Yes,

Q. She wasn't coming the other way towards Ward 4A, she was going towards 4B?

A. That's what I thought.

Q. That's what you saw?

A. That's what I thought. Well, I can't remember for sure, she was either coming or going, I don't know, I know I passed her, but --

Q. All right, let's be clear if we can about that. I thought you told me previously --

A. I know that's what I said previously but I can't be sure.

Q. Is there now some doubt in your mind as to whether or not Susan Nelles was pushing





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that child in his crib towards 4B?

3

A. No, I did pass her when she  
was pushing Justin Cook to the Echo lab.

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Q. Towards 4B?

6

A. Right.

7

Q. She was not going, at that  
stage, the other way?

8

A. No, I did pass her that way.

9

THE COMMISSIONER: What is your problem?  
What is the problem, what is the problem that you have  
whether she was going to it or coming from it?

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12

THE WITNESS: Well, because I saw  
her coming both ways.

13

14

MS. CRONK: Q. This time, the time you  
went in for the monitor, which way was she going?

15

16

A. Well, she was going towards the  
Echo lab.

17

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THE COMMISSIONER: That is what you  
have said several times, now there seems to be - is  
there some doubt about it?

19

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THE WITNESS: No. I know I saw her  
going to the Echo lab when I went down to check the  
monitor, but what I can't place if that is the time  
I saw Phyllis administering the medication; or, as it  
was pointed out this morning, that was the time that

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she was in there just after Allana had vomited, I  
can't place it.

MR. HUNT: I can't hear what the  
witness is saying.

THE COMMISSIONER: She can't place  
whether it was the time that she was in there just  
after the baby vomited, or it was just at the time  
that she saw Mrs. Trayner putting something into the  
buretrol.

THE WITNESS: Yes.

MS. CRONK: May I take this in two  
parts, Mr. Commissioner?

THE COMMISSIONER: Yes.

MS. CRONK: Q You have told us, Ms.  
Bell, that the two prior occasions when you were in  
the child's room that night, and we have gone over  
the timing of that. You have told us the second time  
could well have been between 10:30 and 11, but not  
11 precisely?

A That's right.

Q You told us a number of times,  
because we have just reviewed your evidence, that the  
third time that you entered Allana Miller's room was  
when you saw Phyllis Trayner administering a  
medication into the buretrol, isn't that right?





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A. Right. I can't say it was the third time.

Q. It may have been the fourth time?

A. It could have been, yes.

Q. Or the fifth?

A. It could have been, yes.

Q. Am I fair in suggesting this, that whatever visit it was, whether it was the third, fourth or fifth time that you went into Allana Miller's room and saw Phyllis Trayner administering a medication into the buretrol, it was immediately after you had seen Susan Nelles heading for the Echo lab on Ward 4B?

A. Not necessarily, it could have been the time that - when I went in there and Phyllis was cleaning her up, I don't know.

Q. Is it now a doubt in your own mind?

A. Yes, it is.

THE COMMISSIONER: Would you think about this for a moment, Mrs. Bell. One time you went in I take it --

THE WITNESS: Yes.

THE COMMISSIONER: And you saw Mrs. Trayner with the --







BB.5

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THE WITNESS: Medication.

3

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THE COMMISSIONER: And the other time  
you saw her cleaning up the baby, is that right?

5

THE WITNESS: Right.

6

THE COMMISSIONER: And you are not  
sure which one was which?

7

THE WITNESS: No.

8

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THE COMMISSIONER: And in either case  
Susan Nelles was not there?

10

THE WITNESS: Right.

11

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THE COMMISSIONER: Do you know where  
Susan Nelles was at the time?

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THE WITNESS: She was with Justin,  
whether she was in the Echo lab or passing with him, I  
saw her passing at one point when she was going to the  
Echo lab, but I don't know which time it was I saw  
Phyllis.

17

18

MS. CRONK: Q. Ms. Bell, let me share  
with you some of my own confusion at the moment.

19

A. Okay.

20

21

Q. When you and I first discussed  
this matter during your examination in chief --

22

A. Right.

23

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Q. -- I asked you quite specifically  
whether or not you had ever seen Phyllis Trayner alone





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in Allana Miller's room, with the exception of the time when you saw her administering a medication into the child's buretrol; do you recall my asking you that?

A. Yes, I do.

Q. And you told me then that you had not?

A. Right.

Q. And your answer was no, do you recall that?

A. Yes, I do.

Q. Then I took you to the evidence, a portion of the evidence from the preliminary hearing where it was suggested by Phyllis Trayner that there was another occasion when you and she had helped you tidy up the child after the child had vomited; do you recall that?

A. Yes, I do.

Q. Then I asked you whether you remembered that occasion?

A. Right.

Q. And you said, no.

A. Right.

Q. Are you now saying that you remember seeing Phyllis Trayner in the room on a second occasion when the child had just vomited and





BB.7

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you helped her to clean the child up?

3

A. I can remember the child, she

4

was very mucousy.

5

Q. Yes.

6

A. I remember cleaning her up;

7

and going over this there was that time when Phyllis

8

was in there too, but I can't place the times of when

9

she was in there administering the medication, or when

I was in there at all, I just can't place it.

10

Q. Is it possible, Ms. Bell, that

11

the time you went in the room and saw Phyllis Trayner

12

helping to clean the child up after she vomited was

13

after you had seen Phyllis Trayner administering the

14

medication into the buretrol, that I take it is

possible?

15

A. It is possible.

16

Q. And when you first testified

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with respect to this matter you told us that when you

18

saw Phyllis Trayner administering a medication into

19

the buretrol it was immediately after you had seen

20

Susan Nelles heading to the Echo lab with Justin Cook?

21

A. I thought it was, yes.

22

Q. I didn't suggest to you at any

23

time, did I, that the event was connected with seeing

24

Susan Nelles going to the Echo lab; did I ever make

that suggestion to you?

25







BB.8

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A. No.

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Q. Did anyone else?

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A. No.

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Q. That came from you?

6

A. Yes.

7

Q. When you met with Commission

8

staff on January the 31st and you were asked by  
Commission staff what time it was that Phyllis Trayner  
had administered that medication into the buretrol,  
did you at that time indicate that it was connected  
to the Echo lab?

9

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A. I don't know if I did, I believe  
I connected it to midnight.

13

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Q. If I suggested to you that there  
was no reference to the Echo lab that related  
specifically to the time of 12 midnight, does that  
accord with your recollection?

17

A. Yes.

18

19

Q. And no one suggested to you  
then or at any other time that the two events were  
connected?

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A. That's right.

22

Q. With your evidence here?

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A. Yes.

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Q. You have also told us that when





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you saw Phyllis Trayner giving that medication, or administering that medication into the buretrol, you spoke to her?

A. Yes, I believe I did.

Q. And you told me during your prior evidence that she knew you were there in the room?

A. Yes.

Q. Do you have a clear recollection in your own mind today, Ms. Bell, that Phyllis Trayner and you spoke on the occasion of when you saw her administer that medication?

A. I recall her being on the other side of the cot, so that she would see me coming in, she would be facing - like I saw her, I can recall her putting up her arm and putting it into the buretrol, so she would be half facing me as well.

Q. Do you have a clear understanding today that Phyllis Trayner knew you were in that room?

A. I believe she knew, yes.

Q. Before giving evidence at this Commission, Ms. Bell, did you have an opportunity to review the evidence given by Phyllis Trayner at the preliminary hearing involving Susan Nelles?

A. No.

Q. You didn't read her transcripts?





BB.10

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A. No, I didn't.

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Q. Although you told us you read  
your own?

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A. I read my own, yes.

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Q. Were you aware of the fact,  
Ms. Bell, that Phyllis Trayner testified at the  
preliminary hearing that she was alone in Room 423  
with Allana Miller when she injected Allana Miller's  
gentamicin at 1 a.m., did you know that?

10

A. I didn't know that.

11

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Q. Would Mrs. Trayner's recollection  
be accurate and that be so that she was alone in  
Allana Miller's room when she gave that gentamicin,  
it suggests does it not that you, because you recall  
having seen her and her having seen you when you were  
in the room, it suggests does it not that you did not  
see her administering the gentamicin but rather some  
other medication; isn't that correct?

18

A. I am sorry, suggests that I --

19

20

Q. You have told us that you have  
a clear understanding in your own mind today that she  
knew you were in the room?

21

22

A. Right.

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Q. And she has testified at the  
preliminary hearing that she was alone in the room





BB.11

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when she administered that gentamicin to Allana Miller?

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A. Right.

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Q. I am suggesting to you then if she is accurate in that, if that was the case, then what you saw her doing was administering medication of a different type into that child's buretrol?

7

A. I can't say that.

8

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Q. I would like to explore with you further, I will leave that there.

10

THE COMMISSIONER: You can't say that?

11

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If Mrs. Trayner said she was alone when she administered gentamicin, and you did not see her administer that gentamicin, doesn't that follow?

13

THE WITNESS: I see what you mean.

14

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THE COMMISSIONER: She may well have been administering gentamicin when you saw her, but you didn't see her administering that gentamicin? If she saw you --

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THE WITNESS: Right.

19

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THE COMMISSIONER: And if she said she were alone, then obviously it wasn't that occasion that you saw her with the syringe, doesn't that follow?

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THE WITNESS: Unless she doesn't remember, I don't know.







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MS. CRONK; Q. Doesn't that follow?

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A. Yes.

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Q. And we know, do we not, from the medical treatment record for Allana Miller, and I would ask you to confirm this, that the only dose of gentamicin that that child is recorded as having received that night is at 1 o'clock in the morning?

A. Right.

Q. I would like to explore with you as well, Ms. Bell, further, this question of the connection between Susan Nelles taking Justin Cook to the Echo lab and your having seen Phyllis Trayner administering a medication into the buretrol. Can you tell me first, please, what has happened between last Tuesday and today that has caused you some degree of uncertainty in your mind that you saw Phyllis Trayner administering that medication immediately after you saw Susan Nelles going to the Echo lab, what is it that has taken place?

A. Well, we have gone over from the preliminary hearing, of my helping Phyllis clean up Allana Miller and I had forgotten about that.

Q. Well, we went over that during your examination in chief last Tuesday, did we not, Ms. Bell?





BB.13

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A. Yes.

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Q. At that time you didn't indicate there was any doubt in your mind, did you?

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A. No, that I had done it, but as far as the times, I can't place the times then going over that, placing a time when I saw Phyllis give the medication or when --

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Q. So I am clear Ms. Bell, is there anything else that has occurred, other than the course of your discussions with the various counsel in this room over the last week, that has caused you to have doubt now in your mind that you saw that drug being administered immediately after you saw Susan Nelles going to the Echo lab?

14

15

A. Just from the discussion here, no.

16

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Q. Am I also correct that in your discussions initially with the Commissioner and with me during your examination in chief, you told us not once but several times that there was a connection between those two events, so that you saw that drug being administered into the buretrol within one minute of seeing Susan Nelles heading for the Echo lab?

22

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24

25

A. I thought it was that, yes.

Q. That is what you said.





BB.14

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A. Yes.

3

Q. And you said it several times?

4

A. Yes.

5

Q. You told Ms. Kitley this morning, as I understood your evidence, that you had no basis of knowing personally what time it was that that child went to the Echo lab, other than the suggestion of time that had been made by Phyllis Trayner in the preliminary hearing; do you recall saying that?

10

A. Right.

11

Q. Could I ask you first to turn to Exhibit 116, the medical record of Justin Cook, do you have that there? Would you turn first please to page 23 if you would, Ms. Bell, do you have that?

12

13

14

A. Yes, I do.

15

16

Q. Page 23, we see do we not the requisition for an echocardiogram completed with respect to Justin Cook?

17

18

A. Yes, right.

19

Q. What is the date on that requisition, Ms. Bell?

20

21

A. The 20th of the 3rd.

22

Q. The 20th of March, 1981?

23

A. I believe so.

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Q. There is no time on the front

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BB.15

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page of it and I can tell you I have checked the original and there is no time on the back, but it does indeed bear the date of March the 20th, correct?

A. Yes.

Q. Would you turn now if you would to page 7 of the medical chart. Ms. Kitley drew your attention earlier this morning to one of the two admission sheets for Justin Cook, and I would like you to look at the second at page 7. Am I correct that this is the admitting sheet completed by the admitting clerk in the Hospital when Justin Cook arrived?

A. Right.

Q. And the time of admission is shown on this document as 11 p.m.?

A. Right.

Q. That would be on the evening of March 20th?

A. Yes.

Q. Not at 10:30 as has been suggested by other counsel?

A. Right.

Q. Could you turn now to the progress notes if you would at page 26; do you have that, Ms. Bell?





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Bell, re.dr.  
(Cronk)

3245

BB.16

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A. Yes, I do.

3

Q. The progress - the very first

4

progress note entry for this child appears to be a

5

note made by Ms. Nelles on March 20th, starting at

6

11 p.m. that evening and going to 7 a.m. on March 21st,

7

is that correct?

8

A. Right.

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Q. And the initial starting point for the progress notes I suggest corresponds with the time of admission to the child, 11 o'clock?

A. Right.

Q. So, it would appear that he was admitted to the ward 11 o'clock?

A. Yes.

Q. And you told us previously as I understood it that it you take up to a half an hour to complete the formal admission of a child on Ward 4A?

A. Yes, it could.

Q. You also told us - well, just dealing with that. If indeed it took half an hour that would place the end of his admission at approximately 11:30 that evening, is that correct?

A. Right.

Q. And you also told us as I understood it that Justin Cook could have gone to the echo lab before the formal admission was complete. Do you recall that?

A. That's right.

Q. And then if you take a look please at the first paragraph of the progress notes, I am going to suggest to you that they indicate that





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three things were done to that child immediately on the ward following his admission. The first is that an ECG was done and blood gases were done, do you see that?

A. Yes, I do.

Q. Am I correct that an ECG could be done right on the ward?

A. Yes, it can.

Q. The equipment is there?

A. Yes.

Q. All right. And all that needs to be done to have blood gas work done is for blood samples to be taken from the child right on the ward?

A. Yes, that's right.

Q. And then sent to the lab for subsequent testing?

A. That's right.

Q. Would I be fair to suggest that both of those things, that is, the taking of blood for blood gas testing and the performance of an ECG would take a matter of minutes on the ward?

A. It would take about five or 10 minutes, yes.

Q. All right. And then the very second thing that was done according to the progress







1

CC 3

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notes is that he was then placed in 100 percent oxygen.

3

Do you see that?

4

A. Yes, I do.

5

Q. There is also an indication that

6

the child on arrival was very cyanosed, do you see that?

7

A. Right.

8

Q. And I suggest that the placing

9

of a child in 100 percent oxygen given that degree of

10

cyanosis would be accomplished very very quickly?

11

A. Yes.

12

Q. All right. And then thirdly and

13

I suggest the final thing that is indicated as having

14

been done is that his vital signs were then taken. Do

you see that?

15

A. Yes, I do.

16

Q. And that could be done in a

17

minute or two at the most?

18

A. It depends, if the child is

19

crying it could take ...

20

Q. A couple of minutes, outside,

a couple of minutes?

21

A. It could take up to five minutes

22

as well because you could wait until a child --

23

Q. Five minutes, outside?

24

25





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A. It could.

3

Q. Well, we know, do we not, that

4

in fact from the flow sheet that there is an entry of

5

his vital signs having been taken on the ward at 11

6

o'clock, isn't that correct?

7

A. Yes.

8

Q. It would appear to suggest at

9

least that there wasn't an enormous amount of difficulty

10

in recording them at that time, is that fair?

11

A. Right.

12

Q. All right. And then the very

13

next thing that is recorded in the progress notes, I

14

would ask you to look at this to confirm if I am right,

is that the child is then taken to the echo lab by

Dr. Schaffer?

15

A. Right.

16

Q. That's the very next thing that

17

is recorded?

18

A. Right.

19

Q. And you have told us that Susan

Nelles accompanied the child to the echo lab?

20

A. Right.

21

Q. I would ask you to turn again to

22

the flow sheet that you looked at this morning, page

23

65. Do you have that, Ms. Bell?

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CC 5

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A. Yes.

3

Q. And the very first entry for the

4

taking of vital signs on Justin Cook, as was pointed

5

out earlier this morning, is 11 o'clock that night.

6

Do you see that, 2300 hours?

7

A. Yes, I do.

8

Q. And the very next entry is 30

minutes after midnight.

9

A. Yes, that's right.

10

Q. Do you see that?

11

A. Yes.

12

Q. All right. That suggests, does

13

it not, that vitals on this child were not taken again

14

on the ward after 11 o'clock until 12:30 p.m., is that  
correct?

15

A. Right.

16

THE COMMISSIONER: 12:30 a.m.

17

MS. CRONK: I am sorry, 12:30 a.m.,

18

sir.

19

THE COMMISSIONER: It is 0030 a.m.

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MS. CRONK: Q. And if you look at

21

the entries which follow, Ms. Bell, the vital signs

22

up until 5:00 a.m. were in fact taken every hour on

23

this child, were they not?

24

A. That's right.

25







CC 6

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Q. 1, 2, 3, 4 and then 5?

3

A. That's right.

4

5

6

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Q. Would it be fair to assume that if the child had been on the ward at midnight, having regard to the fact that the vital signs are recorded every hour, that in fact they would have been recorded at midnight?

8

A. They could have been.

9

10

11

Q. Well, isn't it fair to assume that, given what in fact did happen to the child that night?

12

A. Not necessarily.

13

14

Q. Are you suggesting that they could have been taken and not recorded between 12:00 and 30 minutes after 12:00 that evening?

15

16

A. Well, they could have been recorded after midnight.

17

Q. All right, but we know --

18

19

THE COMMISSIONER: I am sorry, I didn't hear that, what did you say?

20

21

THE WITNESS: Well, they could have been recorded after midnight but they could have been taken just a bit earlier, it depends.

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THE COMMISSIONER: Well, they were recorded just after midnight, they were recorded at





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30 minutes after midnight.

3

THE WITNESS: Right.

4

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THE COMMISSIONER: But they might have been taken, you mean, a couple of minutes after midnight?

6

7

THE WITNESS: Right.

8

THE COMMISSIONER: Well, why wouldn't they have been recorded?

9

THE WITNESS: I don't know.

10

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MS. CRONK: Q. Well, what I am suggesting to you, Ms. Bell, and you can simply tell me if you agree or disagree, it is really quite simple. The vital signs of the child we know were taken shortly after his admission and we see that they were recorded at 11 o'clock.

15

A. Right.

16

17

18

Q. All right. And we see that they were not then next recorded until 30 minutes after midnight.

19

A. Right.

20

21

Q. But after that they were recorded every hour and each hour until 5 o'clock in the morning.

22

A. Right.

23

24

25

Q. And I am suggesting to you that if vital signs - if the child had been on the ward





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CC 8

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between 11:00 and 30 minutes after 12:00 that in fact his vital signs would have been taken and recorded having regard to the condition when he was admitted to that ward. Is that not fair to assume?

5

A. Yes.

6

7

Q. Right. Finally, Ms. Bell, I would like to show you what has been provided to me by the hospital, which is an extract, sir, described as an echo lab log book for March 20th, Ms. Bell.

9

10

Sir, we have in the interests of confidentiality removed the names of all other children from the first page of it.

11

12

13

But Ms. Bell, looking down the left-hand side of the page that appears to be a Date Column?

14

A. Yes.

15

16

Q. All right. And then the very next column is entitled Name of Patient?

17

A. Right.

18

19

Q. And then moving across Date of Birth?

20

A. Right.

21

Q. And the doctor of the ward from which the child came?

22

A. That's right.

23

24

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Q. And the next column is the





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CC 9

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history number of the child?

3

A. Right.

4

Q. Next column is Diagnosis?

5

A. Right.

6

Q. And then there appears to be  
entries with respect to the starting and the ending of  
a tape, the timing of that?

8

A. Right.

9

Q. And then a Remarks Section?

10

A. Right.

11

Q. Do you see the very last entry  
on the first page with respect to Justin Cook?

12

A. You mean the times?

13

Q. I am sorry, the very last entry

14

on the first page.

15

A. Oh, right.

16

Q. That deals with Justin Cook.

17

A. Right.

18

Q. And it indicates that he came

19

from Ward 4A?

20

A. Right.

21

Q. Now, there is no time there,  
Ms. Bell, but there is a date is there not?

22

A. That's right.

23

Q. And what's the date?

24

25







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CC 10

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A. The 20th.

3

Q. The 20th of March?

4

A. March, yes, sorry.

5

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Q. All right. If you turn to the next page, which is the next page from the same echo lab log book, what's the date of the next entry, Ms. Bell?

8

A. The 23rd.

9

10

Q. Are echo cardiograms normally performed on the weekend at the hospital?

11

12

A. Not routinely, as emergency they are.

13

14

Q. And it would appear that on the 20th, that is, the Friday evening that there were a number performed, one of whose was Justin Cook's?

15

16

A. That's right.

17

18

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Q. All right. And I suggest to you that if the person making the entry in the echo log book indeed made it accurate as to time it suggests that that child arrived in the echo lab on March 20th, that is, before midnight?

20

21

A. Right.

22

Q. All right. And then finally, Ms. Bell, --

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THE COMMISSIONER: These tapes or





CC 11

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whatever they are on the right-hand side, do they  
mean anything, starts and ends?

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MS. CRONK: As I understand it, sir,  
that has to do with part of the procedure that is  
performed during the conduct of an echo cardiogram  
and that's the starting time of the tape and the end  
of the tape. It simply identifies which take applies  
to which child.

9

10

THE COMMISSIONER: You can't get  
anything from that as to when it took place I take it?

11

12

MS. CRONK: It is my understanding not,  
sir.

13

14

THE COMMISSIONER: All right. Are we  
going to give this a number?

15

16

MS. CRONK: Thank you, sir.

THE COMMISSIONER: What number is it?

17

THE REGISTRAR: 349.

18

--- EXHIBIT NO. 349: Extract from echo lab  
log book.

19

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MS. CRONK: Q. Finally, Ms. Bell,  
having regard to the entry that is contained in the  
echo lab log book and the entries in the child's own  
chart, if Dr. Schaffer were to provide evidence to  
this Commission that his best recollection is that





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Justin Cook went to the echo lab before midnight on the evening of Friday, March 20th, would you have any reason to quarrel with his recollection?

A. No.

Q. We know, Ms. Bell, as was mentioned a few moments ago that gentamicin is in fact recorded as having been administered to this child at 1 o'clock in the morning and we know that that is the entry beside which Susan Nelles' name appears. You have said, as I understand it several times over the last few days, that you do not know what medication it was that was being administered by Phyllis Trayner into Allana Miller's buretrol when you observed her doing that. Do I have that correctly?

A. Right.

Q. All right. You also have said a number of times that you thought it was an anti-biotic?

A. That's right.

Q. And you have told us that you assumed that it was an assumption?

A. Yes.

Q. All right. I suggest to you, Ms. Bell, that you assumed that it was an antibiotic because you saw a registered nurse inserting a







CC 13

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medication into the buretrol of a patient intra-  
venously and that's the only type of medication apart  
from vitamins that a registered nurse was permitted  
on those wards to administer intravenously into the  
buretrol of a patient. Isn't that the reason you  
assumed it was an antibiotic?

A. That's right.

Q. And if your assumption was  
correct, please tell me if I am wrong, the medication  
could just as easily have been ampicillin or cloxa-  
cillin or any number of different kinds of antibiotics  
that were in use on those wards, is that correct?

A. That's possible, yes.

Q. Except that we know in this case  
Allana Miller wasn't recorded as having received  
either of those two particular kinds of antibiotics  
after 11 o'clock that night, correct?

A. Right.

Q. And Allana Miller you have told  
us was not your own patient, you were assigned to her  
care that evening?

A. That is right.

Q. You didn't know, I assume, on  
the evening of March 20th what drug she was in fact  
supposed to have received?





CC 14

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A. Right.

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Q. You told Ms. Kately this morning  
as I understood it that you had no reason to review her  
chart that night yourself personally?

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A. That's right.

7

Q. You didn't in fact do so?

8

A. No, I didn't.

9

Q. You had no reason to review the  
doctor's orders that applied to that child?

10

A. No reason.

11

Q. Nor did you do so?

12

A. No.

13

Q. All right. You have told us,  
Ms. Bell, that when you saw Phyllis Trayner administer-  
ing this medication that she was using a 3 cc syringe.  
Do I have that correctly?

16

A. Yes.

17

18

Q. And you told Ms. Forster, as I  
recall the exchange, that that is the size of syringe  
that one would use to normally administer gentamicin.  
Do I have that correctly?

20

A. It could be, yes.

21

22

Q. In March of 1981 we have heard  
in prior evidence, Ms. Bell, that gentamicin was  
available on these wards in vial form, is that correct?

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CC 15

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A. Vials, right.

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Q. All right. Do you recall what the concentration and volume of the drug was in the pediatric vial on those wards?

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A. It could be 10 milligrams per cc or it could be 40 milligrams per cc.

7

Q. I am sorry?

8

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A. 10 milligrams per cc or it could be 40 milligrams per cc.

10

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Q. All right. Well, the question was directed to the pediatric vial. Could it be 40?

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A. Yes.

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Q. All right. Well, to assist you with that there was evidence at the preliminary hearing by Phyllis Trayner that there was 20 milligrams per 1 cc. Is that incorrect, to the best of your recollection; 20 milligrams per 1 cc?

17

18

A. I believe it is 20 milligrams per 2 cc.

19

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Q. All right, 20 per 2 and that's the pediatric?

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A. Yes.

22

Q. All right. What was the adult?

23

A. Well, we had 80 per 2 on the ward, 80 milligrams per 2 cc.

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CC 16

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Q. All right, that was the adult vial or it was just the other concentration that was available?

A. No, it was just the other concentration that's available.

Q. All right. Well, let's deal first with the pediatric then. As you will recall it there were 20 milligrams per 2 cc, is that correct, per 2 ml?

A. I am not sure. Actually, it might be 20 milligrams per cc, I am not sure.

Q. All right. Well, let's deal with it both ways then. Can we take first 20 milligrams per 1 ml?

A. Okay.

Q. And that would be the pediatric or the smallest concentration available?

A. Right.

Q. And 1 ml equals 1 cc?

A. Right.

Q. Could you turn please to Allana Miller's chart, which is Exhibit 115, to page 29. Do you have that?

A. Yes.

Q. I direct your attention to the







CC 17

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doctor's order made on the 19th of March apparently by Dr. Kantak.. It appears that gentamicin was ordered in a concentration of 10 milligrams every 8 hours intravenously. Do you see that?

A. Yes, I do.

Q. Would you now turn to page 38 if you would of the chart?

A. Yes.

Q. Do you have that?

A. Yes.

Q. All right. We see that the amount of gentamicin recorded as having been given to the child was 10 milligrams intravenously?

A. That's right.

Q. Well, acting on our assumption, Ms. Bell, that in the pediatric vial of gentamicin available on those wards there were 20 milligrams per 1 ml or 1 cc. Am I correct then in suggesting that that could have been given, that 10 milligrams the child was supposed to have received, in a 1 cc or tuberculin syringe?

A. It could be, yes.

Q. And if that's the case, Ms. Bell, can you help me please as to why a registered nurse would use a 3 cc syringe to administer 10 milligrams





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CC 18

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of gentamicin?

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A. It could be the availability of the TB syringes because we would run out and also you could use it, it would give you a bit of extra air to inject the whole solution into the buretrol because a TB syringe is a fairly small syringe and it's easier to use actually, a 3 cc syringe, because you can withdraw a bit of air and force the whole solution in.

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Q. All right. I take it 1 cc or tuberculin syringes were not in short supply on those wards having regard to the number of infants?

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A. It could be because it would be more accurate to use TB syringes. Like, digoxin dosages we would use those first and then if we didn't have the TB syringes then we could use the 3 cc for the antibiotics and often you would reach for the 3 cc.

- - - -





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Q. Was there a 2 cc on the ward,  
syringe?

A. No.

Q. All right. Let's work with  
the other assumption then, and that is your  
recollection that a pediatric vial of gentamicin  
might in fact have contained 20 milligrams of the  
drug by way of concentration in 2 cc's? All right.  
Are you clear on the assumption?

A. Right.

Q. And in that situation am I  
correct as well that 10 milligrams of gentamicin  
could have been administered using a one cc or  
tuberculin size syringe?

A. You could, yes.

Q. And not a 3 cc syringe?

A. Yes, you could.

Q. And are you familiar as well  
with the forms in which digoxin was available on  
those wards during the nine-month period?

A. Yes.

Q. Specifically in March?

A. Yes.

Q. Do you recall now what the  
concentration and volume of the adult ampule of







DD2

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digoxin was?

3

A. I can't think of what it is,

4

no.

5

Q. To help you with that we have

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heard from other witnesses before the Commission

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that the adult ampule contained 0.25 milligrams per

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ml in a 2 ml volume.

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Does that accord with your recollection?

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A. Yes. I am not sure. I can't

remember.

11

Q. It is possible that that is

12

correct?

13

A. Yes.

14

Q. I would ask you to accept it

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for the moment.

16

A. Yes.

17

Q. We have also heard or do you

18

recall what the concentration in volume of the

19

pediatric ampule of digoxin was?

A. I can't think of it now.

20

Q. It has been suggested - for

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your benefit, sir, this has come from a number of

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witnesses, but it is also contained in the Atlanta

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report, page 4, and as well in the evidence of

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Dr. Rowe - it has been suggested that the pediatric

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DD3

ampule contained .05 milligrams of the drug in 1 ml volume.

Does that accord with your recollection?

A. Yes.

Q. Now if that is the case, and we are talking still about a 3 cc syringe, I suggest, Ms. Bell, and I ask you to confirm it for me, that a 3 cc syringe would contain 3 pediatric ampules of digoxin or less?

A. It could.

Q. All right. And it would contain 1½ adult ampules of digoxin or less? You would get 1½ into it?

A. Right.

Q. Do you recall at any time on the night of Allana Miller's death, Ms. Bell, personally flushing her IV tubing?

A. No, I don't remember.

Q. To the best of your knowledge was that done by anyone after 12 o'clock that night?

A. I don't know.

Q. Do you recall seeing Phyllis Trayner do so?

A. I don't, but she could have. I don't know.





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DD4

Q. Do you remember one way or  
the other?

A. No, I don't.

Q. You don't recall personally  
having seen her?

A. No.

Q. You don't recall personally  
having done so yourself?

A. Flushing it?

Q. Yes.

A. I don't think so. I don't.  
I can't recall.

Q. Is it possible you might have?

A. It is possible, yes.

Q. Just to refresh your memory  
on that, at the preliminary hearing again, the  
testimony of Phyllis Trayner, found in Volume 5 at  
page 1186, Mr. Commissioner. It is a brief passage -  
this was actually read to you before, Ms. Bell.  
The question was put during Mr. Cooper's cross-  
examination of Phyllis Trayner and I would ask you,  
Ms. Bell, just to look at this and your counsel is  
going to give you the transcript.

Page 1186.

A. I have got it here.





D5

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3

Q. Starting at the bottom of the  
page, about line 21:

4

"Q. And then did Miss Bell, Bertha  
Bell, leave to get some sort of  
suction catheter of some sort?

5

6

7

A. We were going to suction her  
but there was no catheter so Bertha  
had left to get a suction catheter.

8

9

10

Q. All right. And when she left  
who was left with Allana Miller in  
Room 423?

11

12

A. I was.

13

14

Q. You were? And how long was  
Bertha Bell gone?

15

16

A. Only seconds.

17

18

Q. All right. And then did you  
flush the intravenous tubing for  
Allana Miller again in relation to the  
gentamicin that you had given her?

19

20

A. It was either myself or Bertha  
Bell, I can't remember.

21

22

Q. One or the other of you flushed  
the intravenous tubing?

23

A. Yes."

24

And then the discussion continues with respect to

25







DD6  
1  
2 the IVAC.

3 Does that help you refresh your  
4 memory one way or the other, Ms. Bell, as to whether  
5 or not, first of all, you flushed the child's IV  
6 line?

7 A. No.

8 Q. Does it help you recall  
9 whether or not you saw Phyllis Trayner do so?

10 A. No.

11 Q. Well, can you help me - I  
12 would like you to assume that in fact it was flushed  
13 as Mrs. Trayner has suggested some time after mid-  
14 night on the night of March the 20th.

15 What effect does the flushing of an  
16 IV tubing have with respect to the medication left  
17 in the tubing just before it is flushed? What does  
18 it do to the rest of the drug in the tubing?

19 A. Well, it pushes the drug  
20 through, through the needle into the patient.

21 Q. All right. It has the effect  
22 of propelling whatever medication or drug --

23 A. Yes.

24 Q. -- is in the tubing directly  
25 into the patient.

A. Yes.





Bell, re-dr.  
(Cronk)

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Q. Can we agree it is possible in light of the evidence given by Mrs. Trayner that the IV tubing on that child was flushed after midnight?

A. It is possible.

Q. All right. We have been told as well, Ms. Bell, and I would like your views on this based on your experience, that you can empty a buretrol as quickly or as slowly as you wish depending on the flow rate that is selected. Is that correct?

A. That is right.

Q. Is it also correct that as a general matter in administering IV solutions to young children on Wards 4A/4B the IV flow rate, the buretrol rate was selected at a slow rate?

A. Usually it was, yes.

Q. All right. Would it be unusual to see an infant on IV apparatus on those two wards with the buretrol rate selected for a fast flow?

A. It would depend on the child's condition and how much fluids the child was getting.

Q. I take it it is possible then?

A. It is possible, yes.

Q. It wouldn't be considered





D8  
1  
2 unusual?

3 A. It depends on what the rate  
4 would be and the size of the child.

5 Q. All right. Depending on the  
6 size of the child it wouldn't necessarily be remarked  
7 upon as being unusual?

8 A. That is right.

9 Q. And certainly it is possible  
10 after administering a drug into the buretrol to set  
11 the buretrol flow rate so that there was a very fast  
rate of infusion.

12 A. You could, yes.

13 Q. And you could do exactly the  
14 reverse, you could slow it down?

15 A. You could, yes.

16 Q. Unless you were standing very  
17 close to the buretrol would it be possible for a  
18 registered nurse standing in the room to observe  
what the infusion flow rate in fact was?

19 A. You would have to be fairly  
20 close to see what the infusion rate was.

21 Q. So, for example, if a registered  
22 nurse entered the room of a patient and saw another  
23 nurse standing beside the buretrol of a child, could  
24 the nurse standing at the door see what the flow rate  
25







1  
2 was without moving closer?

3 A. No, you couldn't.

4 Q. All right. And you have told  
5 us -- well, perhaps I will come back to that.

6 You will recall perhaps, and turning  
7 to another area, Ms. Bell, being asked by Mr. Brown  
8 last week what opinion you formed of the quality of  
9 nursing care given by Susan Nelles.

10 Do you recall that?

11 A. Yes, I do.

12 Q. And your answer as I recall it  
13 was that she gave good, competent nursing care; she  
14 had good nursing judgment; she reacted quite well to  
15 different situations. That was the language you  
used. Do you recall that?

16 A. Yes, I do.

17 Q. Right. Do you recall telling  
18 the Commissioner as well in your prior evidence  
19 that Susan Nelles was capable of being a team leader?

20 A. Yes, that is right.

21 Q. You have also told us that one  
22 of the responsibilities of a team leader was to know  
23 of the clinical condition of each child on the ward  
during her particular shift. Is that correct?

24 A. That is correct.  
25





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Q. And you have also told us as I recall it that one of the duties of a team leader was to be responsible for being familiar both with diagnosis and prognosis for each patient on her ward.

A. That is true.

Q. Do you recall that?

A. Yes.

Q. And to do that you said she would have to have enough clinical knowledge to recognize the implications of the diagnosis and the prognosis. Do you recall saying that?

A. Yes.

Q. Did Susan Nelles in your judgment, based on your exposure to her on those wards, Ms. Bell, have enough clinical knowledge to recognize the implications of an infant's diagnosis and prognosis?

A. Yes.

Q. Did Phyllis Trayner?

A. Yes.

Q. Both I suggest were capable of fully discharging the functions of a team leader?

A. Yes, they were.

Q. Both were capable of determining whether or not a child was seriously ill or in grave





1  
2  
3 condition?

4 A. Yes.

5 Q. Both as experienced registered  
6 nurses I suggest routinely took care of various  
7 seriously ill infants?

8 A. Yes, that is right.

9 Q. And did so on those wards?

10 A. Yes.

11 Q. And both as experienced  
12 registered nurses were familiar with the handling of  
13 IV equipment?

14 A. Yes.

15 Q. And both as experienced  
16 registered nurses were familiar with administering  
17 medications into the buretrol of an infant?

18 A. Yes.

19 Q. There would be nothing unusual  
20 in seeing either doing so?

21 A. That is right.

22 Q. Ms. Bell, turning to another  
23 area still, you told Mr. Percival last week that the  
24 first time that you realized that there might be a  
25 connection between digoxin and the deaths of these  
children at the Hospital for Sick Children was on  
March 25th, 1981 when Susan Nelles was arrested.





1

2

Do you recall that?

3

A. That is right.

4

Q. All right.

5

I suggest to you, Ms. Bell, that in fact it occurred to you on the day that Justin Cook died. Isn't that correct?

6

7

A. The day that Justin Cook died?

8

Q. Yes.

9

A. No.

10

Q. It did not occur to you on

11

that day?

12

A. No.

13

Q. Well, could we examine, please,

14

what in fact happened the day, very briefly, the day Justin Cook did die.

15

You will recall he was pronounced dead at approximately 4:56 in the morning of March 22nd?

16

17

18

A. Right.

19

Q. That Sunday morning? You had

20

worked the long night shift when he died?

21

A. Right.

22

Q. You had worked the long night

23

shift the night before when Allana Miller died?

24

A. That is right.

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Q. I suggest to you that you knew at that time Justin Cook died that all forms of digoxin on those two wards had been locked up the night before?

A. Right.

Q. You knew that?

A. Yes.

Q. You had been there when that had happened; you had spoken to Dr. Costigan?

A. That is right.

Q. You knew that Dr. Schafer, the very night before, had suggested after the death of Allana Miller that there might be a connection between her death and digoxin. Do you recall telling us that?

A. Yes.

Q. There might in fact be a possible contribution by digoxin to that child's death?

A. Yes.

Q. And you knew at the same time, the morning that Justin Cook died, that Dr. Schafer had made the same suggestion two months earlier with respect to Janice Estrella.

Do you remember telling us that?





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A. Right.

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Q. Right. And you knew as well the night that Justin Cook died that there had been seven deaths in seven days when you were absent from the ward on holidays. Do you remember that?

7

8

A. I don't know of the exact numbers but I was aware of the increased numbers, yes.

9

10

Q. All right. Let's be clear about that.

11

12

You were away on holidays you recall on February 27th until March 15th?

13

14

A. Right.

15

16

Q. Is that right?

A. Yes.

17

18

19

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22

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Q. You came back on March 16th?

A. Right.

Q. And you told us previously

as I understood it that you were informed at that time that David Leith had died, Colleen Warner had died, Jordan Hines, Barbara Gionas, Kevin Pacsai, Michelle Manojlovich and Kristin Inwood. Do you recall that?

A. Right.

Q. So the morning you walked





1  
2  
3 into work, on the morning of the 16th and spoke, I  
4 believe you told us, to Mary Jean Halpenny, you  
5 learned that there had been a rash of deaths during  
6 that period when you were on holidays?

7 A. I knew there was an increase  
8 but I don't know if I knew the exact number.

9 Q. Well, she told you the names of  
10 the children didn't she? You told us that before?

11 A. Right.

12 Q. Right. And you knew of those  
13 children who had died, the death of Jordan Hines  
14 was considered by the Ward 4A and 4B nursing staff  
15 to be unexpected. Do you recall telling us that?

16 A. Yes.

17 Q. And you knew that the nurses,  
18 particularly on 4B, were quite upset by that child's  
19 death and didn't think there was an apparent explana-  
20 tion for his death. Do you remember telling us that?

21 A. Yes, I do.

22 Q. And you knew as well that  
23 Kevin Pacsai had died unexpectedly; that there had been  
24 surprise by the nurses at his death?

25 A. Right.

Q. And you knew all of those  
things the morning that Cook died?







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A. Yes.

3

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Q. And you knew as well that  
Dr. Jedeikin and Dr. Fowler had taken blood samples  
on that child after he died?

5

6

A. Right.

7

8

Q. And you were there when that  
was done?

9

A. Yes, I was.

10

Q. And you tried to get an  
explanation but you couldn't?

11

A. Right.

12

13

Q. And they didn't offer any  
explanation to you at all?

14

A. Right.

15

16

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18

Q. And with all of those circum-  
stances, Ms. Bell, on the morning that Justin Cook  
died, did it not in fact cross your mind that there  
might be a connection between digoxin and that child's  
death?

19

A. No.

20

21

22

Q. Well you knew in fact at the  
time that there was a problem with respect to  
digoxin on those wards, didn't you?

23

A. Yes, I did.

24

Q. And that crossed your mind

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when you learned that Dr. Costigan and Dr. Fowler were taking the blood samples on that child?

A. I didn't think they were taking digoxin levels, no.

Q. Ms. Bell, so that I am clear: are you saying when you saw Dr. Costigan and Dr. Fowler - sorry, I don't believe it was Dr. Costigan.

A. Dr. Jedeikin.

Q. When you saw Dr. Jedeikin and Dr. Fowler take those blood samples on Justin Cook and when they refused or declined to give you an explanation for it, in light of everything else that had happened on those wards, did you not connect that with the taking of a level for digoxin?

A. No, I didn't.

Q. Ms. Bell, you recall that in our discussion last week and also your discussion with Mr. Percival this very matter was raised, and at Volume 99, page 2448 - I'm sorry, the wrong reference. Page 2450 you were asked this question:

"Q. Did it occur to you in light of the fact that all of the digoxin on the ward had been locked up earlier in the evening that the taking of the blood sample on Justin Cook might





1

2

"somehow be connected with digoxin?

3

A. The thought had crossed my  
mind.

4

5

Q. Was it suggested to you by  
anyone?

6

7

A. No.

8

Q. Had anyone suggested to you at  
any time prior to the taking of that  
blood sample by Dr. Jedeikin that  
digoxin might have been involved in  
the death of Justin Cook?

9

10

11

12

A. No."

13

14

Now you told us then, Ms. Bell, did  
you not, that the taking of that blood sample by  
Dr. Jedeikin and Dr. Fowler was in your mind  
potentially connected with digoxin? Isn't that  
correct? That is what you thought?

15

16

17

A. Right, and I also thought that  
there could be another - a number of other reasons  
as well.

18

19

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Q. Did you or did you not tell  
us last week --

21

22

A. Right.

23

Q. -- in all of the circumstances  
when they came out of that room with those blood

24

25





1  
2 samples and wouldn't tell you why, it crossed your  
3 mind that it might be connected with digoxin in that  
4 child?

5 A. It could be, yes.

6 Q. All right. And that is what  
7 you thought at the time?

8 A. Right.

9 Q. And then later that night you  
10 came on duty again to work the long nights that  
evening?

11 A. Yes.

12 Q. And that night you learned  
13 some other things, didn't you?

14 A. Right.

15 Q. You learned that Phyllis  
16 Trayner's team had been asked not to come in to  
work?

17 A. Right.

18 Q. Because she had called you  
19 earlier in the evening?

20 A. Yes.

21 Q. You also knew they suggested  
22 to her that her team not come in to work because of  
23 the stress that she and her colleagues were feeling  
24 on her team but she didn't appear to be satisfied  
25







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by that explanation. Isn't that fair?

3

A. Right.

4

Q. And you couldn't offer her

5

any other explanation?

6

A. That is right.

7

Q. But you knew that your team

8

hadn't been asked to stay away from duty that night?

9

A. I knew that I wasn't directly.

10

Q. All right. And you also knew

11

by that evening when you went in to work that the

12

night nursing supervisors had taken up more or less  
permanent duty on those wards?

13

A. Yes.

14

Q. They were there during that

15

whole shift?

16

A. Yes.

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Q And you as a team leader on 4B  
were no longer permitted to carry keys to the  
narcotics cupboard?

A. That's right.

Q And indeed the night nursing  
supervisors were checking every medication that was  
drawn up?

A. That's right.

Q And specifically they were  
checking digoxin and standing and observing the  
administration of digoxin to every patient on that ward?

A. And they were checking all  
other medications as well.

Q That included digoxin specifically?

A. Yes.

Q And as well at that time digoxin  
levels were ordered on all children on those two wards?

A. Right.

Q And that had never been done  
before?

A. That's right.

Q As I understand it you told  
Mr. Percival that that was very unusual indeed?

A. Yes.

Q You knew that the Hospital was





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transferring children off those wards and preventing  
new admissions to the wards?

A. Yes.

Q. And when you asked for an  
explanation from the nursing supervisors as to why  
all these activities were taking place you were not  
provided an explanation, were you?

A. That's right.

Q. And that took place on the very  
night of the day that Justin Cook died?

A. Right.

Q. Under all those circumstances,  
Ms. Bell, did it not then cross your mind that there  
might be a connection between digoxin and the deaths  
of those two children having regard to what you in  
fact had considered when the blood sample was taken  
on Justin Cook?

A. No.

Q. It didn't cross your mind then  
or after, until after Susan Nelles' arrest?

A. Right.

Q. Do you recall telling us as  
well with respect to Justin Cook, I believe this was  
in response to questions put both by myself and others,  
that between 2 and 2:30 in the morning on the night







EE.3

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that Justin Cook died you were in his room with Susan  
Nelles watching TV?

3

4

A. Yes.

5

6

Q. Do you recall being asked by  
Mr. Brown whether or not Susan Nelles had informed you  
at that time that she had just returned from or was  
going to take a break?

7

8

A. I believe that was discussed.

9

10

Q. Do you recall him asking you  
that?

11

A. Vaguely.

12

13

14

Q. And your answer to him as I  
understood it was you couldn't recall whether she told  
you she was going to take a break or had just taken  
one?

15

A. Right.

16

Q. Do you remember that?

17

A. Yes.

18

19

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21

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Q. You did as I understand it  
though tell us that at the time that you were in the  
room watching TV with Susan Nelles when she was  
watching Justin Cook that Janet Brownless could have  
been in the room and Phyllis Trayner could have been  
in and out of the room, do you recall that?

23

A. Yes.

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Q. At any time during that half hour when you were in that room did you observe anyone feeding that child?

A. I don't know if it was at that point that Susan had fed Justin at one point.

Q. Susan had?

A. Yes.

Q. Susan Nelles?

A. Yes.

Q. Did you observe her feeding the child?

A. Yes.

Q. Did you see Phyllis Trayner at any point that night feeding the child?

A. I don't think so.

Q. I am going to suggest to you, and I am going to ask you to confirm whether or not this is so, that if Susan Nelles was in the room with Justin Cook and it was time for the child to be fed that she would have done so, there would be no reason for Phyllis Trayner to do so?

A. Yes.

Q. Justin Cook was on constant care and that would have been Susan Nelles' job that evening, is that correct?





EE.5

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A. Right.

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Q. I ask you to look if you would, please, at the Justin Cook chart, Exhibit 116 at page 29; do you have that, Ms. Bell?

6

A. I do.

7

8

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Q. The progress notes for March the 22nd, 1981 indicate that the child settled well after the 2:30 feeding, do you see that?

10

A. Yes, I do.

11

12

Q. And then rested comfortably until about 3:35 in the morning?

13

A. That's right.

14

15

Q. You have told us that at some point in the evening you recall you saw Susan Nelles feeding this child but you did not observe Phyllis Trayner doing so?

16

A. Right.

17

18

19

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Q. I take it then that the feeding, if in fact Phyllis Trayner did feed this child, and I tell you that she testified at the preliminary hearing that she did, it did not take place between 2 and 2:30 when you were in the room with Susan Nelles?

21

A. I don't think so.

22

23

Q. And if in fact the child was fed at 2:30, and Phyllis trayner testified that she

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fed the child in the early hours of the morning, I suggest to you that would only have been done if Susan Nelles was absent from the room?

A. That Phyllis would have fed, yes.

Q. I suggest therefore it would appear that Susan Nelles was absent from the room either on a break or with other children from 2:30 that morning?

A. She could have been.

Q. Do you recall one way or the other?

A. No, I don't.

Q. Would that seem fair to you?

A. It would.

Q. Ms. Bell, you told Mr. Percival as well, and Mr. Hunt, that you spoke to Phyllis Trayner before testifying before the Commissioner on Thursday, February the 2nd, do you recall that?

A. Yes, I do.

Q. And as I understand your evidence you said that that telephone conversation lasted approximately five minutes, do you recall that?

A. If that, yes.

Q. And you met with Commission staff on the evening of January the 31st, do you recall that?







EE. 7

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A. Yes.

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Q. You met with Commission staff

4

on the evening of January the 30th?

5

A. Right.

6

Q. And you met as I understand it

7

with your own counsel on the evening of Wednesday,

8

February the 1st, before you commenced your evidence,  
is that correct?

9

A. I believe I did, I am not sure.

10

Q. It was the very next night that

11

you then received the telephone call from Phyllis

12

Trayner?

13

A. Right.

14

Q. February the 2nd, a Thursday

15

night?

16

A. Yes.

17

Q. And then you started your

evidence here the following Monday morning?

18

A. Right.

19

Q. Do you recall, Ms. Bell, Mr.

20

Hunt pointing out to you during your discussion with

21

him that Phyllis Trayner was on night duty during this

22

nine-month period for some 52 nights, do you remember

23

that?

24

A. Yes.

25





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Q. Do you remember him suggesting to you as well that 28 babies died during that 52-night period?

5

A. Yes.

6

7

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Q. Had you, Ms. Bell, prior to becoming aware of the press coverage concerning the matter, figured out yourself that Phyllis Trayner had been on duty for so many of those deaths?

9

10

A. I knew she was on for a number of deaths but I would have no number in mind, no.

11

12

Q. You knew she was on for a great many of them?

13

A. Yes.

14

Q. Although you may not have known the exact number?

15

A. Right.

16

17

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Q. Are you aware, prior to speaking to Phyllis Trayner and prior to giving evidence here, that the Atlanta Report, the so-called Atlanta Report, the report prepared by the Centers for Disease Control in Atlanta had been prepared and had been released to the public?

21

A. Right.

22

23

Q. Were you aware of the press coverage that resulted from that?

24

25





EE.9

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A. Yes.

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Q. Reported upon in the papers?

4

A. Yes.

5

Q. Would it be fair to suggest

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that you likely had an opportunity and did in fact  
read some of the press coverage on that report?

7

A. Yes.

8

Q. When you spoke to Phyllis Trayner

9

on Thursday, February the 2nd, before testifying, at

10

that point the Atlanta Report was public and indeed

11

there had been a great deal of press coverage, did

12

that report bear any mention in your telephone

13

discussions with Phyllis Trayner?

14

A. No.

15

Q. It didn't come up at all?

16

A. No.

17

Q. Was there any discussion between

18

you on the evening of February the 2nd as to the

19

number of nights when Phyllis Trayner was working,

20

and the number of children that had died during this  
nine-month period?

21

A. No.

22

Q. You have told us previously

23

that Phyllis Trayner required a great deal of

24

reassurance about the deaths at the Hospital when she

25







EE.10

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was on duty and when they occurred; do you recall that?

3

A. Yes.

4

5

Q. You have told us I believe that she sought a great deal of attention with respect to them?

6

A. Yes, that's right.

7

8

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Q. Even though that is true and she had sought that form of reassurance in the past, is it your evidence today that the report of the Atlanta group and the suggestion contained in the Atlanta Report of the association of Phyllis Trayner on those wards with 28 deaths was not discussed by Phyllis Trayner and yourself on the evening of February the 2nd?

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A. That's right.

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Q. Would it not be fair to suggest that, if Phyllis Trayner had in the past required that degree of reassurance with respect to these deaths, it would be natural that she would be seeking it after the release of that report?

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MS. FORSTER: Mr. Commissioner, if my friend is aware of some particulars of conversations my client had with this witness, I have no objection to her putting those particulars before us. Ms. Trayner is represented by counsel and I think it





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is a reasonable assumption she has been told by her counsel not to discuss this case with anybody. There has been an innuendo throughout Mrs. Bell's evidence that in some way my client was discussing her evidence with this witness and this witness constantly denies it.

THE COMMISSIONER: Well, she does deny it. I am sorry, what is wrong with the cross-examination, what is wrong with that? She is testing whether that is so or not.

MS. FORSTER: I resent the innuendo --

THE COMMISSIONER: I am sorry, what innuendo?

MS. FORSTER: The innuendo that this witness is not being forthcoming and Phyllis Trayner did in fact discuss this witness' evidence with her on Friday night. I am simply suggesting that if Ms. Cronk has particulars of any discussion that my client is supposed to have had with this witness that she put it to her.

THE COMMISSIONER: I agree with that, if she has particulars of that she should put it to her. The very fact that there was a conversation it seems to me it is reasonable cross-examination, to speculate upon what that conversation was, but if





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the witness of course continues to deny it, it has to come to an end at some point. I think it is reasonable enough to - if you have any particulars Ms. Forster has asked you to put them to her.

MS. CRONK: I understand that, sir, and there is really only one further question on the matter.

THE COMMISSIONER: Yes, right.

MS. CRONK: Q. The witness has told us and has responded to other counsel that at no point during that telephone discussion on February the 2nd was her potential or future evidence here discussed with Phyllis Trayner.

Can I ask you first, Ms. Bell, when was the last time prior to February 2nd that you spoke to Phyllis Trayner either in person or by telephone?

A. Just a couple of days before that.

Q. Do you recall specifically what date?

A. Either the Tuesday or the Wednesday, I don't know.

Q. I'm sorry, the Tuesday the 31st or Wednesday the 1st?





EE.13

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A. Right.

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Q. And during the course - was

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that a telephone discussion?

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A. There was nothing discussed

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because I was on my way out.

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Q. I am sorry, was it by telephone?

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A. Yes, I'm sorry, it was.

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Q. Who called who?

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A. She called me.

11

Q. And during the course of that

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telephone discussion was there any discussion between

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you as to the fact that you were going to be

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attending before Mr. Justice Grange to give evidence

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to this Commission?

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A. No.

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Q. Was there any discussion at

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all with respect to any of the events at the Hospital

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over that nine-month period?

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A. No.

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Q. When was the last time that you

22

had spoken to Phyllis Trayner by telephone or in

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person before that occasion?

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A. Within the last month before

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that, I don't know, I can't think of a date.

Q. The week before you testified







EE.14

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here you had two telephone discussions with her?

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A. Right.

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Q. Any more than two?

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A. No.

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Q. And on both those occasions she  
telephoned you?

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A. Right.

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Q. And it is your evidence here  
that on neither of those occasions was your forthcoming  
evidence or attendance before this Commission  
discussed in any way?

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A. No.

13

Q. Ms. Bell, I think you answered  
this but perhaps you didn't. After the Atlanta Report  
became public and the various press and media coverage  
resulted with respect to that report, that did result,  
did you have occasion to read in the press about the  
report?

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A. Yes, I did.

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Q. And some of the things that had  
been suggested in the report?

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A. Yes, I did.

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Q. Were you not, when you were  
talking to Phyllis Trayner, anxious in your own mind  
to discuss with her the possibility that she may have

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been involved in some of these deaths?

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A. No.

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Q. Was that not a matter that you raised with her, that you wanted to know before you came to testify here?

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A. No.

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Q. Did you at any time during the course of these - I am sorry, did you at any time after March 25th, 1981, after the arrest of Susan Nelles, have reason to write to Phyllis Trayner concerning any of the events at the Hospital that had occurred during that nine-month period of time?

13

A. To write?

14

Q. To write?

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A. No.

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Q. Did you ever send her a letter with respect to any of the events that had taken place at the Hospital?

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A. No.

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Q. Ms. Bell, there is one last matter that arises in part out of your evidence this morning. We know that you met several times with representatives of the Metropolitan Toronto Police?

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A. Right.

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Q. With respect to the events at





EE.16

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the Hospital over this nine-month period. The first  
meeting you have told us was March 26th, 1981?

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A. Yes.

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Q. A Thursday, do you recall that?

6

A. Yes.

7

Q. You were in town as I understand  
it on Monday, March 23rd, is that correct?

8

A. That's right.

9

Q. You attended a meeting that  
night at Elizabeth Radojewski's house?

11

A. That's right.

12

Q. You were in town the next day  
on Tuesday, March 24th, do I have that correctly?

13

A. Right.

14

Q. And the next day that you went  
with Susan Nelles and your son to the zoo?

15

16

A. That's right.

17

Q. And you were in town on  
Wednesday, March 25th, indeed that day you worked long  
days at the Hospital?

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A. That is right.

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Q. And that is the day that you  
learned Susan Nelles had been arrested and charged  
with the murder of Justin Cook?

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A. That's right.

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EE.17

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Q. Do you recall that?

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A. Yes.

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Q. You didn't know, as I understand your prior evidence, prior to March 25th, that the Metropolitan Toronto Police were involved in investigating those deaths at the Hospital, is that correct?

8

A. That's correct.

9

Q. It is also your evidence that you did not see, nor were you asked to see any representative of the Metropolitan Toronto Police prior to March 26th, is that correct?

10

11

12

A. Right.

13

14

Q. Having regard to the fact that you were in town on March the 24th; were in town on March 23rd, the Monday; you were indeed in town at the Hospital on March 25th; would it be fair to suggest that you were not avoiding the Metropolitan Toronto Police in any way?

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A. That is right.

19

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Q. Then next we know that you met with the police on two other occasions in addition to March 26th, once on April 24th and once on May the 20th. Did you have a lawyer with you at any of those meetings with representatives of the Metropolitan Toronto Police?

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A. No, I didn't.

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Q. Had you personally consulted a lawyer before you attended any of those meetings?

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A. No.

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Q. Was there any representative of the Hospital Administration in attendance with you at any of those meetings with the police?

8

A. No.

9

10

11

Q. Was there any representative of the Department of Nursing from the Hospital in attendance at those meetings with you?

12

A. No.

13

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Q. There are two matters arising out of the meeting on March 26th specifically. You will recall that is the meeting you told us centred around the death of Justin Cook?

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A. That's right.

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Q. It was suggested to you by Mr. Percival as I recall the exchange, that you had no information to impart to the Metropolitan Toronto Police with respect to Kevin Pacsai because you had not been on duty the night he died, do you recall that suggestion?

22

A. Yes, that's right.

23

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Q. As I recall you agreed with that suggestion?

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EE.19

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A. Right.

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Q. And it is certainly true you

4

were not on duty the night the child died?

5

A. Right.

6

Q. Would you turn your mind please

7

if you would to the meeting that did take place with

8

the police on March the 26th, the Thursday, after

Susan Nelles had been arrested.

9

A. Right.

10

Q. It is true is it not that you

11

knew on that day that there was surprise amongst the

12

nurses that Kevin Pacsai had died, indeed his death

13

was regarded by them you have told us as being

unexpected, isn't that correct?

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A. Right.

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Q. And you knew that on March 26th?

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A. Right.

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Q. Did you also know on March 26th about the meeting which you had attended yourself at Elizabeth Radojewski's house on the Monday evening?

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6

A. Yes.

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8

Q. You had been there, so, you knew it had taken place?

9

A. Right.

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11

Q. And did you know as well that at that meeting there had been a specific discussion about Kevin Pacsai and his death?

12

13

A. Yes, yes.

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Q. And you knew as well that Susan Nelles had talked about the dose of digoxin which she had administered to the child at 9:00 a.m. that evening?

17

A. Right.

18

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Q. And you have told us I believe in your prior evidence that she spoke about the size of syringe that she used to administer that dose?

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A. Yes, that's right.

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Q. And did she speak as well about having the calculations checked with someone else?

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A. Yes.

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Q. And was there someone else at that meeting of whom you knew that said that she had checked that dose with Susan Nelles?

A. Yes, there was.

Q. And who was that?

A. Mary Jean Halpenny.

Q. And you knew all of those things as well on March 26th when you met with the police?

A. Right.

Q. Do I have it correctly that there was no discussion at that meeting at all concerning Kevin Pacsai?

A. Right.

Q. Do I have it correctly that you were never asked at any time to meet with any representative of the Metropolitan Toronto Police to discuss any possible knowledge you might have had surrounding that child's death?

A. That's right.

Q. At any of the meetings that you did have with the Metropolitan Toronto Police, were you at any time prior to the preliminary hearing told that the Metropolitan Toronto Police Force thought it was likely that digoxin had been improperly administered intravenously to some of these children so as to cause





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their deaths?

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A. I knew there were elevated digoxin levels but not that it was administered intravenously.

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Q. Well, was the route of the administration, that is, the IV route raised with you at any of the meetings that you had before the preliminary hearing with the Metropolitan Toronto Police?

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A. No.

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Q. You spoke with Ms. Kitley this morning as well about the meeting which took place on August 27th, 1982. Do you recall that?

14

A. Yes, I do.

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16

A. Yes, it was.

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Q. And you told her as well if I heard you correctly that there was a point in that meeting when the tape was turned off?

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A. Yes.

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Q. And there was a discussion with respect to a chart in the room that contained the names of various hospital personnel and the names of various babies who died?





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A. That's correct.

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Q. Do you recall that?

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A. Yes.

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Q. Was the tape on or off during  
that discussion?

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A. I believe it was off.

7

8

Q. Was it ever turned back on for  
the rest of the meeting?

9

A. Not that I know of, no.

10

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Q. Do you know why it was turned  
off?

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A. No.

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Q. Do you know whether or not the  
tape had malfunctioned, the recording device, in any  
way?

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A. No, I have no idea.

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Q. You also spoke with Ms. Kitley -  
and this is the last matter, sir, I am conscious of  
the time - with respect to your testimony at the  
preliminary hearing. Do you recall talking about that  
this morning?

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A. Yes, I do.

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Q. Do you recall telling her that  
you were upset by some of the questions that had been  
asked of you at the preliminary hearing?







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A. Yes.

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Q. And you made specific reference as I recall it to the questions that were asked about the epinephrine incidents on Ward 7?

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A. Yes.

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Q. Do you recall that?

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A. Yes.

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Q. Were you upset as well, Ms. Bell, when you were asked by Mr. McGee if you had seen anyone administer medication to Allan Miller. Were you upset by that question?

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A. No.

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Q. All right. You told Ms. Kitley this morning that at the preliminary hearing you were also upset, as I understood your language, because you understood that, and this is your language, that it didn't seem like they had the evidence they had referred to. Do you remember saying that?

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A. Yes.

19

Q. Who is "they", Ms. Bell?

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A. The Police Department.

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Q. You testified, as I understand it, over one and a half days at the preliminary hearing, is that correct?

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A. Yes.

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Q. That was towards the end of  
January and the beginning of February, 1982?

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A. That's right.

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Q. Other than the days when you were  
personally present and gave your own evidence were you  
in attendance at the preliminary hearing on any other  
occasion?

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A. No, we were instructed not to  
have contact with each other or we were instructed  
that we weren't to go into the preliminary hearing at  
any time.

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Q. You didn't in fact hear anyone  
else give their evidence at all, is that correct?

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A. That's right.

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Q. Did anyone tell you what the  
evidence had been prior to your coming to testify at  
the preliminary hearing?

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A. No.

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Q. Did anyone tell you what the  
evidence was likely to be after you testified at the  
preliminary hearing?

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A. No.

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Q. I suggest to you, Ms. Bell, that  
you in fact didn't know what the evidence was that had  
been led before you testified, did you?

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A. No, I didn't.

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Q. And you in fact didn't know what the evidence was that was going to be led after you testified, did you?

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A. That's right.

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Q. So, you didn't know one way or the other what the nature of the evidence was that either the police or the Crown attorneys intended to lead at that preliminary hearing against Susan Nelles, is that correct?

11

A. That's right.

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MS. CRONK: Ms. Bell, thank you for your assistance over the last several days.

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Thank you, sir.

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THE COMMISSIONER: Yes, thank you, Mrs. Bell, indeed. I suggest, Mr. Lamek, we should rise now for 20 minutes, would that seem reasonable?

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MR. LAMEK: Yes, sir.

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THE COMMISSIONER: Incidentally, have these lists been provided?

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MR. TOBIAS: I was about to make mine available to you, Mr. Commissioner.

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THE COMMISSIONER: Yes. Well, would you do that so that we can give the matter some thought, please.

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--- Short recess

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--- On resuming

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MR. TOBIAS: Mr. Commissioner, if I could just present you with the lists that have been prepared by Counsel for the six parents represented by Mr. Manning's office and by my office.

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THE COMMISSIONER: And what is it you want, all the statements made by - these are all the people?

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MR. TOBIAS: By those named individuals, yes.

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THE COMMISSIONER: Well, all you have done is just go through the charts I take it and take everybody whose name is anywhere mentioned in there, is that correct?

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MR. TOBIAS: No, that is not correct, sir. I don't presume to speak for Mr. Manning's office, I am only interested in those people who had direct contact with and care of the Hines' baby during the time he was admitted, which is only two days. He was admitted at about 12:30 on the 6th.

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THE COMMISSIONER: Well, I know, but there seem to be about 20 names on this list. You are making it almost impossible because this simply means delivering seven volumes of statements. You see, the more you put in the harder it is to support your







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position.

MR. TOBIAS: Yes, I recognize that.

THE COMMISSIONER: There is no, well, I don't know, selection.

MR. TOBIAS: My difficulty is that I have no idea because I haven't seen the statements.

THE COMMISSIONER: Well, this is what we don't allow in this sort of game, a fishing expedition. If you had something, if you did know something and you had some idea then it might be worthwhile, sort of one or two. I can just tell you now that this is the sort of thing that is going to make your task difficult to persuade me. Mind you, for all I know everybody may be only too anxious to give you these. But all that you have done is take out every name that you can find in the charts and put them on there and it is almost every child that is attended by almost every nurse then of course we've got the whole lot of them.

MR. TOBIAS: That may be the prima facie impression that you get, sir, but I can assure you that particularly with respect to the Hines list there are lucid and cogent and well thought out reasons for selecting these names.

THE COMMISSIONER: I'll have to hear





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them. Well, I said we would decide tomorrow morning what time for argument but I am going to give you from now until tomorrow morning to relent and if at that time a list of about one-tenth of what you have on here is presented your argument will receive a great deal more favour. That's all I can say.

MR. TOBIAS: All right. I might just point out for the record that I can't assist you with respect to the last doctor on that list because no one seems to be able to tell me who it is and that was simply an attempt by me to make it out as clearly as I could from the signature. Perhaps we'll get lucky, perhaps we'll find out that there is no such doctor in existence and it is just a phantom.

THE COMMISSIONER: At any rate, what we will do is we will find out at least what statements there are. You see, among other things you are asking for statements from Mrs. Trayner and also from Susan Nelles and I just hope that there were none.

MR. TOBIAS: Well, I think we could probably delete her, sir. So, that is at least two that we don't have to deal with.

THE COMMISSIONER: Yes.

MR. TOBIAS: But I just do want to point out to you right now.





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THE COMMISSIONER: But if we do promise to give you all of Susan Nelles' statements, would you then be content?

MR. TOBIAS: The difficulty in preparing the list is in terms of directing one's mind to how large a task it is. Obviously I can't do that if I don't know how many statements were made by these individuals or whether all of these individuals may or may not have made statements. It may very well be that we are only talking about a half a dozen statements here.

THE COMMISSIONER: Well, it may be. Well, we will investigate that between now and tomorrow morning and I will have something to say to you then.

MR. TOBIAS: All right, thank you, sir.

THE COMMISSIONER: And there is no question that you will be allowed to argue but I don't really think I need to emphasize that if the lists are as long as this that the argument against it is pretty formidable.

Yes, all right, yes?

MS. FORSTER: Excuse me, sir, I don't know if I understand you correctly. Are we going to







1  
2 argue this issue tomorrow?

3 THE COMMISSIONER: No, we are only  
4 going to be deciding when we will argue.

5 MS. FORSTER: And the other thing is  
6 when my friend asks for statements, does he mean  
7 signed statements or any kind of statements?

8 THE COMMISSIONER: I think he means any  
9 kind. I think he wants everything from the day of  
10 their birth on through to today.

11 Yes?

12 MR. BROWN: Yes, my friend was asking  
13 for the statements made by Miss Nelles, if I could  
14 direct him to the testimony of Sergeant Warr at the  
15 preliminary inquiry.

16 THE COMMISSIONER: She did make a  
17 statement, did she?

18 MR. BROWN: I think you will find in  
19 this entirety the only statement Miss Nelles made to  
20 the police.

21 THE COMMISSIONER: So, you are happily  
22 divulging all her statements, are you? ♥ .

23 MR. BROWN: I won't oppose that one,  
24 sir.

25 THE COMMISSIONER: Oh, all right.  
Well, that's fine. Yes, Miss Kately?





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MS. KITELY: Yes, Sir, before Mr.

Lamek proceeds with the next witness, I spoke to him  
and I wish to ask the Court for some directions.

THE COMMISSIONER: Yes.

MS. KITELY: At the end of Thursday and  
in anticipation of the weekend's adjournment you  
directed Mrs. Bell not to speak with me or, quite  
frankly, with anyone else about her evidence. My  
concern now is about communications between solicitor  
and client and because there are going to be a number  
of other witnesses called who are going to be our  
clients I am asking you at this point in time to give  
us some direction.

In so far as in the past has been concerned  
we have seen dozens of witnesses and with respect to  
the nursing witnesses I can tell you that quite frankly  
we had made a point of making those individuals  
available to fellow counsel during the course of the  
hearing in order that my friends could have an  
opportunity to chat with them and that they wouldn't  
ask surprise questions, or would ask them as the case  
may be.

But the point was that we were making an  
effort to make them available.





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THE COMMISSIONER: Yes.

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MS. KITELY: And I'm concerned that if we continue with that in the future, that might run afowl with some plan that you have.

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THE COMMISSIONER: No, no, I made no order. You will remember, although it was variously reported in the press otherwise, that I never made an order, I merely asked if you would comply with the request and both you and Mrs. Bell agreed to it. I never did make an order. I have some doubt as to the jurisdiction to make an order.

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MS. KITELY: Well, you have taken the words right out of my mouth, sir.

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THE COMMISSIONER: And I didn't make it. But I did have an alternative and that was put clearly.

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MS. KITELY: It is a continuum.

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THE COMMISSIONER: But I am not making any order with respect to any other witnesses at all, I made it under special circumstances for a special witness.

MS. KITELY: Well, I appreciate that you are not making an order and I agree with you, you might even have the problem in jurisdiction in considering making such an order. What my concern is







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is whether there are some expectations either on your part or on the part of my fellow counsel about the extent to which one can speak to one's client during the course of examination and if there are any restrictions on that, Sir, I would like to be told now, as I am sure would my friends Mr. Percival when his clients are on the stand and my friend Mr. Hunt when his clients are on the stand.

MR. PERCIVAL: I can assure you, Mr. Commissioner, when my clients are on the stand I will not be communicating with them until they have finished giving evidence.

THE COMMISSIONER: Well, there you are you see, Miss Kately, I can't help that. If you do communicate with your clients while they are on the stand and if Mr. Percival says, and why did you change what you have said there to what you now say here, was it something to do with what Miss Kately said to you in the hall, that is a chance you take. But I am not making any order that you cannot communicate with your clients. But you run that risk every time you do communicate with your clients while this matter is on.

MS. KATELY: I really just wanted to be clear sir in light of the events of last Thursday







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that you personally do not see imposing any restrictions.

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THE COMMISSIONER: I thought I made myself abundantly clear last Thursday what I wanted.

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MS. KITELY: Well, except that last Thursday we were dealing with one person.

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THE COMMISSIONER: Yes.

MS. KITELY: And I am now asking you, is there a general rule.

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THE COMMISSIONER: No.

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MS. KITELY: And I think you have said no.

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THE COMMISSIONER: No, there is not.

13

MS. KITELY: No. Thank you, Sir.

14

15

THE COMMISSIONER: All right. Now, Mr. Lamek. We certainly didn't leave you much of the day.

16

17

MR. LAMEK: That's all right, I think I may be able to bat out the rest of the day.

18

THE COMMISSIONER: That's good.

19

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MR. LAMEK: But before I do, Miss Cronk has asked me to file two further exhibits please. There are now prepared the WIN sheets with the backs all copied as well and perhaps we could mark those first with respect to Ward 4B. The original exhibit I think was marked 334, perhaps this could be 334A.





F3-5

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--- EXHIBIT 334A: WIN sheets with backs for Ward  
4B.

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MR. LAMEK: And 4A will be Exhibit  
335A.

5

THE COMMISSIONER: Yes, All right.

6

--- EXHIBIT 335A: WIN Sheets with backs for Ward  
4A.

7

8

MR. LAMEK: May I call please Miss  
Lynn Johnstone.

9

--- LYNN JOHNSTONE (sworn)

10

--- DIRECT EXAMINATION BY MR. LAMEK

11

Q. Miss Johnstone, you are employed  
at the Hospital for Sick Children, I understand?

12

A. Yes.

13

Q. In what capacity, please?

14

A. As 3 to 11 nursing supervisor.

15

Q. As what?

16

A. 3 to 11 nursing supervisor.

17

Q. That's the evening shift?

18

A. The evening shift, yes.

19

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Johnstone, dr.ex.  
(Lamek)

G/EMT/ak

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Q. And you have been at the  
Hospital since 1974?

A. July, 1974.

Q. Originally you went there  
I understand as a staff nurse?

A. Yes.

Q. And in October of 1979 you  
became a nursing supervisor?

A. Right.

Q. Throughout the period of  
July, 1980 to March 1981 you were a nursing super-  
visor?

A. Yes.

Q. And throughout that period,  
indeed from the time of your appointment as a super-  
visor, throughout the period we are interested in,  
you worked as a night supervisor, did you not?

A. That is right.

Q. Can you tell me, please,  
focusing on the period July 1980 to March 1981 how  
many night nursing supervisors there were on the  
staff of the Hospital?

A. Five. There was an assistant  
director of nursing for the night shift plus four  
supervisors under her.







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Q. Who was the assistant director  
of nursing?

4

A. Miss Sword.

5

6

7

Q. Miss Sword. Okay. I under-  
stand that on any given night there might be any-  
where from two to four supervisors on duty?

8

A. That is right.

9

10

Q. But more usually two or three  
I think?

11

A. Around three.

12

13

Q. Now for the purposes of  
nursing supervision I believe the Hospital is  
divided into a number of areas is it not?

14

A. It was at that time.

15

16

Q. All right. And each area  
comprised a number of wards or services in the  
Hospital?

17

A. Yes.

18

19

20

Q. In the period from July 1980  
to March 1981 were you regularly assigned to a  
particular area of the Hospital when you were on duty?

21

22

A. Yes. I usually covered Area 6  
which included some surgical wards plus 4A and B.

23

24

25

Q. And on the nights that you  
worked were you always responsible for Wards 4A and B?





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2

A. Yes.

3

Q. All right. When you were off duty was there another of the night supervisors who regularly assumed responsibility for 4A and B?

4

5

6

A. I think Cathy Coulson did it mostly when I was off.

7

8

Q. I take it if both you and she were off on the same night, which occasionally happens, some other supervisor would look after the cardiology wards?

9

10

11

A. Yes.

12

13

Q. Now again as I understand it the duty pattern for night supervisors at that time was that they worked five nights out of seven.

14

15

A. Yes.

16

Q. And the night shift ran from 11:00 in the evening until 7:00 in the morning roughly?

17

A. 11:15 to 7:45.

18

Q. 11:15 to 7:45. Perhaps you could help us --

19

20

THE COMMISSIONER: That is not the one you were on I take it?

21

22

THE WITNESS: Yes.

23

THE COMMISSIONER: Oh, you were on it? I had 3:00 to 11:00.

24

25





1  
2  
3 THE WITNESS: That is what I am doing  
4 right now.

5 THE COMMISSIONER: Oh, I see. But  
6 at that time, the relevant time, you were on the  
7 11:15 to 7:45 shift?

8 THE WITNESS: Yes.

9 MR. LAMEK: Q. Perhaps you could  
10 help us, Miss Johnstone: could you run through a  
11 typical night supervisor shift for us and let's take  
12 a relatively uneventful one where there wasn't  
13 an arrest or anything of that sort.

14 From the time you arrived - what  
15 time would you arrive at the Hospital in the evening?

16 A. I was usually there between  
17 11:00 and 11:15.

18 Q. Do supervisors wear uniforms?

19 A. Yes.

20 Q. All right. And where did you  
21 go upon arriving at the Hospital?

22 A. Well, we usually changed down-  
23 stairs and went up the fourth floor, the nursing  
24 office, and we had report there from the evening  
25 supervisors.

Q. All right. Could we have the  
plan of 4A/B, please, Mr. Registrar.





1  
2  
3 I am confident that the nursing office  
4 won't show on it, but you can point us in the  
5 general direction.

6 Do you recognize that as the layout of  
7 Wards 4A and 4B?

8 A. Yes, but it doesn't have the  
9 rooms in the centre.

10 Q. And at the bottom of the plan  
11 there is obviously what is the beginning of a  
12 corridor and that is one that runs down to the  
13 elevator, is it not?

14 A. That is right.

15 Q. Roughly where in relation to  
16 this plan was the nursing office?

17 A. It was down that hall and  
18 through another ward and around the corner. Like  
19 4C.

20 Q. Okay. This side - I am very  
21 bad at directions I want you to know.

22 THE COMMISSIONER: I think north is  
23 at the bottom.

24 MR. LAMEK: Q. I think north is there.  
25 you are looking generally to the southwest or  
the southeast for the location of the nursing office?

A. It runs the same way as 4A







1  
2  
3 and B do.

4 Q. This is the far end of the --

5 A. Down the south corridor.

6  
7 Q. The opposite end of the floor.

8 A. That is right. Opposite end  
9 of the building.

10 Q. So you would report to the  
11 nursing office the other end of the fourth floor on  
12 your arrival at the Hospital, and what at the  
13 beginning of your shift would you do there?

14 A. I would receive reports from  
15 the nursing supervisors that covered the wards that  
16 I was going to be responsible for on the night shift.

17 Q. There would be an evening  
18 supervisor going off duty at that time I take it?

19 A. Yes.

20 Q. And you would get report  
21 from her?

22 A. Yes.

23 Q. What was the nature of that  
24 report? What kind of information was given to you?

25 A. It gave you the staffing for  
ward. It had on it who was in charge for the shift,





1  
2 and it listed the sick children on the ward or new  
3 admissions that had come during the 3:00 to 11:00  
4 shift.

5 Q. You say it listed the sick  
6 children on the ward; everything is relative I guess.

7 A. Yes.

8 Q. You mean the more sick children  
9 on the ward?

10 A. That is right.

11 Q. All right. Was that an oral  
12 report?

13 A. Yes.

14 Q. Did you also receive anything  
15 in the way of a written report from the off-going  
16 supervisor?

17 A. We had the tour end reports  
18 and --

19 Q. The tour end reports?

20 A. Right.

21 Q. And what was that, please?

22 A. That was a sheet of paper  
23 that had a list of the sickest children and all the  
24 information that we would need of staffing and  
25 who was in charge.

Q. And that report would include





1  
2 information as to each ward, the number of children  
3 who were on constant care or shared care?

4 A. That is right.

5 Q. For example?

6 A. Yes.

7 Q. Because that goes to staffing  
8 requirements I take it?

9 A. That is right.

10 Q. That exchange of information,  
11 the oral report and the passing on of the tour end  
12 report, the written report, I take it took place  
13 in the nursing office?

14 A. That is correct.

15 Q. Then what?

16 A. Then I would go in and check  
17 through the staffing for the next day, according to  
18 the WIN sheets, and I would then sit down and read  
19 over the tour end report to make sure that I was  
20 aware of which children I was to show particular  
21 concern for.

22 Q. Was it a part of the duty of  
23 the night supervisor to project the nursing staff  
24 that would be required for the following day? The  
25 shift beginning at 7:00 in the morning?

A. I am not sure what you mean.







1  
2 Like we had the WIN sheets so we would know how  
3 many people should be there, but during the night  
4 someone may have called in sick or something like  
5 that.

6 Q. All right.

7 A. So you would have to indicate  
8 that on the tour end report plus on the WIN  
9 shee. And when we went around to the wards and  
10 talked with the nurses that were in charge during  
11 the night shift they would indicate if they needed  
12 relief nurses above and beyond what was on the tour  
end - I mean on the WIN sheet.

13 Q. All right. So staffing I take  
14 it was a not unimportant part of your job as a  
15 night supervisor?

16 A. Yes.

17 Q. You had to make sure that you  
18 had enough people available the next day?

19 A. That is right.

20 Q. According not only to the  
21 WIN sheet but also the assessment of the nursing  
22 requirements for the children as they progressed  
through the night?

23 A. That is right.

24 Q. All right. Was it also part  
25





1  
2 of your job to arrange if extra staff were needed  
3 for the following day? Make the arrangements to  
4 get them there?

5 A. Yes. I would pass that informa-  
6 tion on to my immediate supervisor, Miss Sword.

7 Q. And she if necessary would  
8 call for relief nurses the following day to come in?

9 A. They would start calling in  
10 around 5:30 in the morning.

11 Q. All right.

12 A. To see if they were needed.

13 Q. So you would take some time  
14 to look over the tour end reports again?

15 A. Yes.

16 Q. And the WIN sheets and  
17 consider the staffing requirements as they looked  
18 at that time.

19 Now having done that what would you  
20 then do on a typical night?

21 A. Okay. I would leave the  
22 nursing office and go over to 4A and B, talk to  
23 each charge nurse separately, and make rounds on each  
24 charge nurse's side and when I was finished talking  
25 to both of them I would tell them that if there was  
any change in any of the children to please let





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me know.

Q. Yes.

A. And then I would go on to the other wards that I was responsible for. And that could take me up till 3:00 or 3:30 in the morning.

Q. Was it your practice to go to Wards 4A and B as your first stop on the tour of the wards for which you were responsible?

A. Yes.

Q. Was that because it was located on the same floor or was it for some other reason?

A. It was convenient.

Q. All right. And having been there you would then make a similar visit to the other wards for which you were responsible?

A. Yes, that is right.

Q. Leaving I take it the same sort of message with the nursing staff after you had made your rounds?

A. That is right.

Q. Let's consider 4A/B for a moment on that initial tour of your wards.

On an average night, and I recognize it may vary according to the number of very sick





1  
2 children that might be on the ward on any given  
3 night, but on an average night how long would you  
4 spend on that ward on your initial rounds?

5 A. I would spend half an hour to  
6 three-quarters of an hour on each side usually --

7 Q. On each side?

8 A. Wait a sec - half an hour on  
9 each side usually it took.

10 Q. About an hour in the aggregate  
11 on the cardiology service?

12 A. That is right.

13 Q. And approximately what time  
14 would you normally arrive there? That was your first  
15 stop so I take it that was perhaps the most predict-  
16 able.

17 A. Usually around 12:30.

18 Q. On a normal night you would  
19 arrive there around 12:30, spend perhaps an hour or  
20 a little longer.

21 A. Yes.

22 Q. And then go on to the other  
23 wards?

24 A. Yes.

25 Q. How many other wards did you  
have to supervise on a normal night?







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A. On a normal night I would have six others.

Q. Did each of those take - obviously could not have taken the same amount of time as you spent on 4A and 4B.

A. No. They were smaller wards.

Q. And I think you said you completed that round of your wards usually at around 3:00, 3:30 in the morning?

A. That is right.

Q. And then what?

A. Then I would go down to the nursing office and indicate my needs for the next day to my immediate supervisor and we made lists of the parents that were staying overnight with the children also.

Q. You say your needs: you are referring to the nursing needs?

A. That is right.

Q. For the coming day shift?

A. Yes, that is right. If I need a relief or if I had someone I could offer up for relief to go elsewhere in the Hospital.

Q. Now did you in the course of a normal night shift visit the wards again after that





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initial round?

A. After the initial rounds, yes,  
I would go around and make a second set of rounds.

Q. With the same kind of  
thoroughness that you did on the first?

A. I saw all of the children that  
were on the tour end report second time around.

Q. All right.

A. And I saw some of the other --  
I can't say that I saw every child twice.

Q. It sounds like a pretty busy  
shift that you had, Miss Johnstone, if I may say so.  
Did you ever on any occasion pay any quasi social  
visits to any of your wards in the course of a shift  
when you were able to sit and chat and have coffee  
with the nurses?

A. Yes, I did. Sometimes I  
stopped on 4A/B and had coffee with the nurses there  
or on 5G, one of the other surgical wards.

Q. And the balance of the shift  
after you had made this second tour of the wards for  
which you were responsible, how was that spent?

A. I went back to nursing office  
and I was available if any problems arose until I  
left.





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3 And then when the day shift would come  
4 in I would give report to Mrs. Pyykkonen who was  
5 area co-ordinator for the area that I covered.

6 Q. When did you make your final  
7 determinations as to the staffing requirements for  
8 the following day?

9 A. When would I confirm them with  
10 the nurses on the wards?

11 Q. Yes.

12 A. Usually between 6:00 and 6:30.

13 Q. All right. Let's go to perhaps  
14 a night which was a little more eventful. What  
15 happened if a cardiac arrest occurred on one of  
16 your wards during your shift? What was your responsi-  
17 bility there, if any?

18 A. As a supervisor it was  
19 my responsibility to go to the ward and make sure  
20 everything was organized at the arrest, making sure  
21 someone was writing down the medications that were  
22 being given during the arrest and recording anything  
23 that happened.

24 Q. And did you attend at any  
25 arrests in areas of the Hospital other than your own?

A. Yes, I would. If there was  
an arrest anywhere in the Hospital I would go, but







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the supervisor for that particular ward would be in total charge of that, but I would offer my assistance if it was needed.

Q. All right. Any arrests in a ward in your area, I understand you to be telling me it was your responsibility to make sure there was order and organization and an orderly approach to the performance of the nursing staff during the arrest?

A. That is right.

Q. You would ensure that people were properly drawing up drugs I take it?

A. That is right.

Q. Properly recording them?

A. That is right.

Q. And making all the appropriate checks and that sort of thing?

A. Yes.

Q. We have heard a good deal of evidence over the course of the months we have been here, Miss Johnstone, about the frantic atmosphere during a resuscitation effort, and I am sure it is full of tension and very stressful. I take it when it was your job to make sure that notwithstanding that, things proceeded in an orderly and controlled way?





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A. That is right because you would have a lot of people that would initially respond to the Code 25, and then you would have to sort of send people away that weren't necessarily needed to cut down on the amount of confusion.

Q. Yes. You told us you became a supervisor in October of 1979 and you became a night supervisor at that time.

Could you address your mind, please, to the period from your becoming a supervisor which I think was late October of 1979, was it not?

A. Yes, the 25th or 27th. Somewhere in there.

Q. All right. Let's focus on the beginning of November.

A. Okay.

Q. From the beginning of November, 1979 until the end of June, 1980, that is a period of some eight months, could you give me some idea in that period of how frequently cardiac arrests occurred when you were on duty on the wards for which you were responsible?

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A. Most of the cardiac arrests that I was called to occurred on the 4th floor, occasionally one would happen on another ward, once every three months or so.

Q. When you say on the floor, do you mean primarily the cardiology service?

A. That's right, 4A/B.

Q. Can you give me even an approximation of the number of those that occurred in that eight-month period, from the beginning of November, 1979 to the end of June, 1980?

A. Maybe one a month.

THE COMMISSIONER: I am sorry, what is that?

THE WITNESS: Maybe one a month.

MR. LAMEK: Q. We know of course that in the period from July, 1980 until the end of March, 1981 a large number of arrests occurred on Wards 4A and B in the middle of the night, we have had that evidence of course.

THE COMMISSIONER: Am I not right, was it 5A at the time?

MR. LAMEK: I am sorry?

THE COMMISSIONER: Was it not 5A? You said 4 A and B.





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MR. LAMEK: I am sorry, yes, the cardiology service is what I called it and then I wrongly identified it by ward number, you are quite correct.

Q We are speaking of what was then 5A?

A That's right.

Q Until the last three months of that period April, May, June when it was 4A/B?

A That is right.

Q We know from the evidence that we have heard, Miss Johnstone, that during the nine-month period from July 1980 until March 1981, there was a large number of arrests on Wards 4A and B in the middle of the night?

A That's right.

Q At the time when the night supervisors are on duty?

A Yes.

Q And you were on duty for several of those arrests, were you not?

A Yes, I was.

Q Do I take it from what you told me that you attended on the ward whenever you heard a Code 25 called for 4A or 4B?







HH. 3

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A. That's right.

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Q. Do you recall any occasion when a Code 25 was called to either 4A or 4B in this nine-month period when you were on duty, but when you did not go to the resuscitation effort?

7

A. No, I think any time there was one called I was there.

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Q. All right. Miss Johnstone, you are aware I think that the Centers for Disease Control and the Ontario Ministry of Health in the so-called Atlanta Report categorized ward deaths in this nine-month period under three headings, which they labelled imaginatively A, B and C. You understand do you not that Categories A and B comprising some 29 deaths in the aggregate were those in which there are varying degrees of suspicion in the minds of the authors of the Report and their consultant, that is your understanding of the Atlanta Report, is it?

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A. Yes.

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Q. I want to look at those 29 deaths, or those of them where the deaths occurred either during the shift of the night supervisors, or within four hours of the end of night supervisor's shift, in other words from the period 11 p.m. to 11 a.m.





HH.4

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A. Okay.

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Q And try to establish which of the night supervisors were on duty for which of those arrests, and in particular of course since you are one of the people who had primary responsibility for 4A and B when you were on duty, establish if we can who indeed was supervising those wards on the night of each of the deaths.

12

MR. LAMEK: Mr. Commissioner, that is an exercise that is going to take some little time, could we start it in the morning, please?

13

THE COMMISSIONER: Yes.

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MR. LAMEK: Thank you.

MR. TOBIAS: Mr. Commissioner, do I take it you wish to address the question at 10 a.m. of when we should argue the question of the statements?

THE COMMISSIONER: That is right.

MR. TOBIAS: I have a problem in that I won't be here until around 11 or 11:30, I wonder if we might conveniently argue some time after the lunch break?

THE COMMISSIONER: Well, I don't know, who else is not going to be here after the lunch break?

MR. SHANAHAN: I won't be here in the morning, Mr. Commissioner.





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MR. TOBIAS: That is two out of three, sir.

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THE COMMISSIONER: Do you want to - I suppose we can have a vote, that is always possible. Is there anyone who can't make it at 2:30 tomorrow afternoon who feels vitally concerned about this matter? And remember, we are not going to decide anything, we are just going to set a date.

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MR. TOBIAS: No, I understand.

MR. OLAH: I won't be here until the afternoon but I will be able to make it virtually at any time you can decide to have this matter spoken to.

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THE COMMISSIONER: Yes, all right. We will settle it then at 2:30 tomorrow afternoon.

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MR. TOBIAS: Thank you, Mr. Commissioner.

MR. LAMEK: Mr. Commissioner, just before you adjourn, there is perhaps one thing I should do. Miss Johnstone and Miss Kitely have put together a list of the arrests for which Miss Johnstone was present. Although I want to look at more than those it might be helpful to other counsel if this were distributed and perhaps we can have it identified and marked and distributed to counsel so they can look at it overnight, at the number of deaths.

THE COMMISSIONER: Yes.







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MR. LAMEK: I am sorry, Miss Kately properly reminds me it is arrests for which Miss Johnstone was on duty or which occurred within four hours of her going off duty.

Q. Do you recognize that as the list that you and Miss Kately were able to compile?

A. Yes.

THE COMMISSIONER: That will be 350.

--- EXHIBIT NO. 350: (Summary of deaths on shift or subsequent shift) of Carol Lynn Johnstone.

MR. TOBIAS: Mr. Lamek, could you repeat the exhibit number please?

MR. LAMEK: I cannot repeat it because I didn't say it, I don't know.

THE COMMISSIONER: 350.

MR. TOBIAS: 350, thank you.

THE COMMISSIONER: Until tomorrow at ten then.

--- Whereupon the Hearing adjourned at 4:40 p.m. until 10:00 a.m., Tuesday, February 14th, 1984.





